SEEC FORM 30

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



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYF	PE OF COMMITTEE
Lumaj Explore						x	Candidate Committee Exploratory Committee
3. TREASURER NAME				1			
First Jeffrey			MI J	Last Caggiano		_	Suffix
4. TREASURER ADDRESS							
Street Address 27 Cricket Hill Rd		City Bristo	ol		State CT		Zip Code 06010
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete or	nly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable
11/06/2018	Undetermined						
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommitte	e)				
First Pjerin "Peter"			MI	Last Lumaj			Suffix
9. TYPE OF REPORT							
January 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	10/01/2016	thru	J	12/31/2016			
_11. CERTIFICATION							
I hereby certify and state, on this Itemized Campaig accurate and complete.				l of the information set forth e period covered is true,			
Electronic Filing	Scott Cleary			01/0	9/2017 8	3:34:42PM	ı
SIGNATURE	PRINT NAME OF THE	3 SIGNE	∃R	DATE	ECERTIFIED		
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	
Lumaj Explore	January 10 Filing - Original	
	COLUMN A	COLUMN B
	This Period	Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$20,159.51	
14. Contributions received from Individuals (Section A and B)	\$105,795.00	\$126,800.00
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)	\$105,795.00	\$126,800.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$125,954.51	\$126,800.00
20. Expenses Paid by Committee (Section N)	\$25,517.68	\$26,363.17
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$100,436.83	\$100,436.83
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)	\$800.00	\$800.00
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	

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						1 age 5 of 101
I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				PE OF REPORT		
Lumaj Explore			January	/ 10 Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic \$0.00	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Sylaj		Fidan				0060
Residential Street Address	City				State	Zip Code
262 W 107th St Apt 9E		New York			NY	10025
Principal Occupation		Name of Employer	-			
Superintendent		P and F	R Equitie	S		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lob dependent child of		se, or Yes	Amou	unt 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	1	
an event reported in Section J1?						
X No Cash X Personal Check	10/	01/2016		\$375.00		\$375.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Elezi		Mir				0061
Residential Street Address	City				State	Zip Code
23 Danielle Ln Apt 39		Millbrook			NY	12545
Principal Occupation		Name of Employer	•			
Manager		Frolk M	lir Paintii	ng		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lot 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		dependent child of	a loodyist:	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes X No Cash Personal Check	10/	01/2016		\$375.00		\$375.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Pjetri		Ernest				0062
Residential Street Address	City				State	Zip Code
461 Central Park W Apt L1		New York			NY	10025
Principal Occupation		Name of Employer	:			
Resident Manager		ALGIN	Manager	ment		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lob dependent child of			Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x _{No}		
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1? X No	10/	01/2016		\$375.00		\$375.00
If yes, list Event #	-0/	, 2010		ψ373.00		45.5.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sterkaj		Eva			0063
Residential Street Address	City			State	Zip Code
385 Midland Ave	<u> </u>	Rye		NY	10580
Principal Occupation		Name of Employ			
Manager — — — — — — — — — — — — — — — — — — —			82 CORP obbyist, spouse, or	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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 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	10/	01/2016	\$375.00		\$375.00
I you, is a treat to the control of					
Last Name	First			MI	Contribution ID #
Mitaj		Shaque			0064
Residential Street Address	City	5		State	Zip Code
1516 Hawthorne St	<u> </u>	Bronx Name of Employ	on.	NY	10469
Principal Occupation Supervisor			^{हा} laritime Hotel		
			11 14	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: 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 Credit/Debit Card	10/	01/2016	\$375.00		\$375.00
I you, list Event in	<u> </u>				
Last Name	First			MI	Contribution ID #
Trumalaj		Orsin			0065
Residential Street Address	City	5		State	Zip Code
2543 Poplar St	<u> </u>	Bronx Name of Employ	ou.	NY	10461
Principal Occupation Handyman			ı American		
·			obbyist snouse or	Amou	ant of Contribution
Yes 🔼 N	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 Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	10/	01/2016	\$375.00		\$375.00
Lad Name	Einst				Contribution ID #
Last Name Trumalaj	First	Angela		MI	Contribution ID # 0066
Residential Street Address	City	Aligeia		State	Zip Code
2543 Poplar St		Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Teacher		Atmo	sphare Academy		
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	or a robbyist?		
government the contract is with:	١.	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	10/	02/2016	\$375.00		\$375.00
If yes, list Event #	1 10/	02/2010	φ3/3.00	I	4373.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ukaj		Beqir			0071
Residential Street Address	City	_		State	Zip Code
3288 Reservoir Oval E Apt 611		Bronx		NY	10467-3153
Principal Occupation Porter		Name of Employ	er nbus Circle		
			obbyist, spouse, or	Amou	unt of Contribution
Yes X No	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 Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No					
If yes, list Event # No Money Order Credit/Debit Card	10/	07/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Mernacei	1 1150	Jolanda			0095
Residential Street Address	City			State	Zip Code
1667 Williamsbridge Rd		Bronx		NY	10461-6201
Principal Occupation		Name of Employ	er		•
office of vice president		moun	t sinai hospital		
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 enna (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		ļ	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	10/	08/2016	\$375.00		\$375.00
If yes, list Event #	,		44.5.55	<u> </u>	
Last Name	First			MI	Contribution ID #
Nardi		Thalaj			0096
Residential Street Address	City			State	Zip Code
2106 74th St # 1E		Brooklyn		NY	11204
Principal Occupation		Name of Employ			
Painter Is contributor a principal of a state contractor or prospective state contractor?			inting Corp 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		Alliot	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 Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check No	10/	08/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rushaj	11130	Alban		IVII	0091
Residential Street Address	City			State	Zip Code
1667 Williamsbridge Rd		Bronx		NY	10461
Principal Occupation		Name of Employ	er		•
Doorman		Orsid	Corp		
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		1	x _{No}	1	
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			55 -5	1	
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	08/2016	\$375.00		\$375.00

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Name Committee Provide Committee Substitute Sub	I. MONETARY RECEIPT	S (Se	ection A-D			
Lack Name			,	TYPE OF REPORT		
Account	Lumaj Explore			January 10 Filing - Original		
Section Sect	B. Itemized Contributions from	m Ind	lividuals			
City	Last Name	First			MI	Contribution ID #
State Principal Occupation Principal Oc	Vataj		Ljulja			0073
Prince;paid Occupation		City			State	•
Prop Cook		<u> </u>		•	MI	48036
Executivo de principal of a state contractor or prospective state contractor?						
First Date Received Legislative Legi				11.14	Amou	unt of Contribution
Secretified to contribution associated with an event reported in Section 11? Cash Sin SouthFluidin associated with an event reported in Section 11? Yes Method of contribution: Credit/Debit Card 10/10/2016 \$375.00 \$375.0	Yes X No	0		Vac	Amot	int of Contribution
It is not notification associated with an event reported in Section J1? It is Name Luljana Luljana Luljana Luljana Circa	Evanutiva Lagislativa			x _{No}		
Last Name Luljana Residential Sireet Address 2552 35th St Apt 1B Frincipal Occupation Contributor a principal of a state contractor or prospective state contractor? If yes, last Event # Lulyana Residential Sireet Address 2552 35th St Apt 1B Frincipal Occupation Cashier Contributor a principal of a state contractor or prospective state contractor? Fryes, indicate which branch or branches of solony Order Cash Name Cash Name of Employer Personal Check 10/13/2016 First MI Contribution ID # OO76 Ny 11103 Amount of Contribution Gependent child of a lobbyist; spouse, or dependent child of a lobbyist? Ves Amount of Contribution Gependent child of a lobbyist? Ves Amount of Contribution Amoney Order First MI Contribution ID # OO72 Amount of Contribution Student First MI Contribution ID # OO72 City State Zip Code Ny 10/13/2016 S100.00 S100	Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
Last Name	an event reported in Section 31?					
Curta Curta Curta Curta City Contribution Contribut	X No □ □	10/	10/2016	\$375.00		\$375.00
Curta Curta Curta Curta City Contribution Contribut					l	La .a . p.
Residential Street Address 2552 35th St Apt 1B Principal Occupation Cashier Name of Employer Place Restaurant		First	Comba		MI	
Principal Occupation Cashier Secontributor a principal of a state contractor or prospective state contractor? Yes X No Secondary Yes Yes Xes Ye	-	City	Cunta		State	
Principal Occupation Cashier Sometimation of the properties of the principal of a state contractor or prospective state contractor? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No Sometimation associated with an event reported in Section J1? Yes X No		City	Queens			1 *
If yes, indicate which branch or branches of government the contract is with: State Contribution associated with an event reported in Section J1? Yes X No Student Yes X No Stontribution associated with an event reported in Section J1? Yes X No Student Yes X No State Yes X No Yes X Yes Xes Xes Xes		_		er	<u> </u>	11100
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, list Event # Legislative Le	Cashier		Place	Restaurant		
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, list Event # Method of contribution:	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	unt of Contribution
Security Legislative Legislative Legislative Legislative Date Received Aggregate Contributions		3	dependent child of	of a lobbyist?		
an event reported in Section J1? If yes, list Event # Last Name Gjonlekaj Residential Street Address 2326 Wickham Ave Principal Occupation Student 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? Yes MI Contribution ID # O072 Residential Street Address City Bronx Name of Employer None Is contributor a principal of a state contractor or prospective state contractor? Yes No State Zip Code NY 10469 Amount of Contribution Amount of Contribution Amount of Contribution State of Employer None State State State Contribution None State Address No Amount of Contribution Amount of Contribution Amount of Contribution State State State Contribution Amount of Contribution State State State State Contribution Amount of Contribution Amount of Contribution State State State Contribution Amount of Contribution Amount of Contribution State State State Contributions Amount of Contribution State State State Contributions Amount of Contribution Amount of Contribution State State State Contributions Amount of Contribution Aggregate Contributions State State State Contributions Amount of Contribution Amount of Contribution State State State Contribution Amount of Contribution Amount of Contribution Amount of Contribution State State State Contribution Amount of Contribution Amount of Contribution Amount of Contribution State State State State Contribution Amount of Contribution Amount of Contribution State State State State Contribution Amount of Contribution Amount of Contribution State State State State State Contribution Amount of Contribution Amount of Contribution State Stat	Evanutiva Lagislativa			X No		
Last Name Gjonlekaj Residential Street Address 2326 Wickham Ave Principal Occupation Student 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 Credit/Debit Card Personal Check Credit/Debit Card First Hana MI Contribution ID # 0072 State Zip Code NY 10469 NY 10469 Yes X No South	Vac	Date	Received	Aggregate Contributions		
Last Name Gjonlekaj Residential Street Address 2326 Wickham Ave Principal Occupation Student 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? MI Contribution ID # 0072 State Zip Code NY 10469 Name of Employer None Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Sagregate Contributions Aggregate Contributions \$375.00	an event reported in Section 11?					
Residential Street Address City State 2326 Wickham Ave Principal Occupation Student Student Student Student None 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 Principal Occupation None State Zip Code None State S		10/	13/2016	\$100.00		\$100.00
Residential Street Address City State 2326 Wickham Ave Principal Occupation Student Student Student Student None 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 Principal Occupation None State Zip Code NAme of Employer Name of Employer Name of Employer State State Name of Employer None State State State Name of Employer Name of Employer None State State Name of Employer Name of Employe	I act Nama	Firet			Гмі	Contribution ID #
Residential Street Address 2326 Wickham Ave Principal Occupation Student 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: Aggregate Contributions State Zip Code NY 10469 Name of Employer None Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Aggregate Contributions \$375.00\$		1 1130	Hana		IVII	
Principal Occupation Student 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 None 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 associated with an event reported in Section J1? Personal Check In 1/14/2016 \$375.00 \$375.00		City			State	
Student 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: Amount of Contribution dependent child of a lobbyist? Yes X No	2326 Wickham Ave		Bronx		NY	10469
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 Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No	Principal Occupation	•	Name of Employ	er	•	•
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No	Student		None			
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Security Legislative Legislative X No	Is contributor a principal of a state contractor or prospective state contractor?	0			Amou	ınt of Contribution
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions Aggregate Contributions 10/14/2016 \$375.00	If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
an event reported in Section J1? Yes X No Cash Personal Check 10/14/2016 \$375.00	government the contract is with:					
Cash X Personal Check 10/14/2016 \$375.00 \$375.00	Vac	Date	Received	Aggregate Contributions		
If yes, list Event # Money Order Credit/Debit Card 10/14/2010 \$373.00		10/	14/2016	¢375.00		¢375 00
	If yes, list Event # Money Order Credit/Debit Card	10/	14/2010	\$373.00		\$373.00
Last Name First MI Contribution ID #	Last Name	First			MI	Contribution ID #
Mazia Mirjan 0067	Mazia		Mirjan			0067
Residential Street Address City State Zip Code	Residential Street Address	City			State	Zip Code
2326 Wickham Ave Bronx NY 10463	2326 Wickham Ave		Bronx		NY	10463
Principal Occupation Name of Employer	Principal Occupation		Name of Employ	er		
Proter fifty-nine Maidian Cone					1	
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	Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		Vac	Amou	unt of Contribution
If yes, indicate which branch or branches of	Evanutiva Lagislativa			·		
government in command with Marked of contribution: Data Descripted Aggregate Contributions	Is this contribution associated with Mathod of contribution:	Date	Received		1	
an event reported in Section J1?	an event reported in Section J1?			555 Tanasana		
If yes, list Event #	× No F	10/	14/2016	\$375.00		\$375.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mushkolaj		Neki			0075
Residential Street Address	City			State	Zip Code
1218 Lincoln Ter		Peekskill		NY	10566
Principal Occupation		Name of Employ	er		
Fenaing			II Fence Corp		
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	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (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		
X No Cash X Personal Check	10/	14/2016	\$350.00		\$350.00
If yes, list Event #			·		
Last Name	First			MI	Contribution ID #
Gjonlekaj		Landa			0068
Residential Street Address	City			State	Zip Code
2326 Wickham Ave		Bronx		NY	10469
Principal Occupation		Name of Employ	er		
Secretary		Sever	Seventy Associates 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	of a foodyist?		
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		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	15/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Gjergji	FIISt	Ane		IVII	0069
Residential Street Address	City	Alle		State	Zip Code
3080 E Tremont Ave Apt 1G	City	Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Homemaker		None			
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 Personal Check Money Order Credit/Debit Card	10/	15/2016	\$375.00		\$375.00
					La .a . p.
Last Name Ndreca	First	Mirande		MI	Contribution ID # 0070
Residential Street Address	City	Milanue		State	Zip Code
1841 Williamsbridge Rd Apt 1G	City	Bronx		NY	10461
Principal Occupation	<u> </u>	Name of Employ	er		1 10 .01
None		None			
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	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 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	15/2016	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	TWIE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT January 10 Filing - Original		
B. Itemized Contributions from	n Ind	ividuals			
Last Name	First	Maria		MI	Contribution ID #
Pieter Pasidantial Street Address	City	Mazio		Stata	0074
Residential Street Address 461 Central Park W # L1	City	New York		State NY	Zip Code 10025
Principal Occupation		Name of Employ	er	INT	10023
Security			e Security Company INC		
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:		aopenaem emia e	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 X Personal Check Money Order Credit/Debit Card	10/1	15/2016	\$200.00		\$200.00
	-				[a . a . b . m #
Last Name	First			MI	Contribution ID #
Dekaj Residential Street Address	City	Monjole		State	0077
661 Central Park W # L1	City	Now York			Zip Code 10025
Principal Occupation	<u> </u>	New York Name of Employ	er	NY	10023
Hair Stylists		Kolar			
			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		
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	10/1	15/2016	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Milaj		Klodian			0094
Residential Street Address	City			State	Zip Code
2428 Matthews Ave Apt D3		Bronx		NY	10467
Principal Occupation		Name of Employ			
Waiter			as Restruant		
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	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?	Dute !		1.65.05ate controlations		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/1	17/2016	\$350.00		\$350.00
in you, min 21 one in the control of					
Last Name	First			MI	Contribution ID #
Hasanpapaj		Lirsim			0116
Residential Street Address	City			State	Zip Code
2914 Jerome Ave Apt 5DN		Bronx		NY	10468
Principal Occupation Electrical Engineer		Name of Employ	Mechancial Controls Co 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	1 a 1000yist?		
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?					
If yes, list Event # Cash Personal Check Cash Personal Check Credit/Debit Card Credit/Debit Card	10/1	17/2016	\$350.00		\$350.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from		lividuals			<u> </u>
Last Name Berberi	First	Elvis		MI	Contribution ID # 0126
Residential Street Address	City			State	Zip Code
35-03 28th Ave Apt 3		Astoria		NY	11103
Principal Occupation		Name of Employ	er		
Senior Underwriter Is contributor a principal of a state contractor or prospective state contractor?			Capital Business Funding LLC		nt of Contribution
Yes X N	0	dependent child of	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		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/	17/2016	\$375.00		\$375.00
if yes, list Event #					
Last Name	First			MI	Contribution ID #
Tanazaj	a:	Edmond		G	0141
Residential Street Address	City	Prony		State	Zip Code 10462
1845 Bogart Ave # 5C Principal Occupation		Name of Employ	er	NY	10462
Maintenance			Village Estates		
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	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 # Cash X Personal Check Money Order Credit/Debit Card	10/	17/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Gjini		Kolec			0132
Residential Street Address	City			State	Zip Code
1858 Coldwn Ave		Bronx		NY	10462
Principal Occupation		Name of Employ			
Retired		Retire	-	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of		Атои	nt of Contribution
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 Cash X Personal Check			4075.00		
If yes, list Event # Money Order Credit/Debit Card	10/	18/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Koskoviku		Bastri			0093
Residential Street Address	City			State	Zip Code
3611 Ditmars Blvd # 2A	<u> </u>	Astoria		NY	11105
Principal Occupation Waiter		Name of Employ Benia	er min Steak House		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	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 # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	10/	18/2016	\$350.00		\$350.00

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I MONETARY DECEME	0 (0	4° A TO			
I. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF DEPONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original		
Lumaj Explore			January 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kalavaci		Nora			0092
Residential Street Address	City			State	Zip Code
1650 Williamsbridge Rd # Lb		Bronx		NY	10461
Principal Occupation		Name of Employ	er	•	•
Homemaker		None			
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 Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash X Personal Check	10/	19/2016	\$375.00		\$375.00
If yes, list Event #		,			•
Last Name	First			MI	Contribution ID #
Nikolli		Ardenis			0089
Residential Street Address	City	Ardenis		State	Zip Code
2155 Paulding Ave Apt 5E	City	Bronx		NY	10462-2116
Principal Occupation		Name of Employ	on.	INI	10402-2110
		1 '			
Bartender		J.P. II			
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 A second 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 # Cash Credit/Debit Card	10/	19/2016	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Kalavaci		Genc			0090
Residential Street Address	City			State	Zip Code
1650 Williamsbridge Rd # Lb		Bronx		NY	10461
Principal Occupation		Name of Employ	er	-	
Tileman		Jan Ti	ile		
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	1	
an event reported in Section 31?					
× No	10/	19/2016	\$375.00		\$375.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Shkreli		Angela			0134
Residential Street Address	City			State	Zip Code
46 Nosh Kola Ln		Patterson		NJ	12563
Principal Occupation		Name of Employ	er	1	!
Homemaker			emaker		
			abbyigt groups or	Δmou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	or contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	D-4	Received		ŀ	
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		21/2016	1100.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	10/	21/2016	\$100.00		\$100.00

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Iljazi		Arben			0081
Residential Street Address	City			State	Zip Code
3226 Victory Blvd		Staten Island		NY	10314
Principal Occupation Roofer		Name of Employ	er ce Tri State 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 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	10/	21/2016	\$300.00		\$300.00
I and Name	First			Lyn	Contribution ID#
Last Name Zaimi	First	Alban		MI	Contribution ID # 0083
Residential Street Address	City	Albali		State	Zip Code
2324 Boston Rd Apt 9D		Bronx		NY	10467-9052
Principal Occupation		Name of Employ	er		
Export Specialist		Dal C	oroma Scavoliglo		
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? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	10/	21/2016	#27F 00		±275.00
If yes, list Event # Money Order Credit/Debit Card	10/.	21/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Selca		Gjoka			0147
Residential Street Address	City			State	Zip Code
584 Horsepound Rd		Carmel		NY	10512
Principal Occupation		Name of Employ	er		
Owner		Gjok			
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		1	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 Cash Regresonal Check					
X No	10/	21/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Selca	City	Leze		Ct-t-	0148
Residential Street Address 584 Horsepound Rd	City	Carmel		State NY	Zip Code 10512
Principal Occupation		Name of Employ	er	I	1 10312
Assistant		Gjok			
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 roodyrst?		
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	107	21/2016	\$375.00		\$375.00
If yes, list Event # Money Order Credit/Debit Card	1 10/	21/2016	\$3/3,00	1	00،८/رب

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT January 10 Faing - Original
East Name Jaka First March Contribution Jaka
Last Name Jakaj Residential Street Address 11 School St Apt 13 Nume of Imployer Clinton Gouder Association Is contributor a principal of a state contractor or prospective state contrac
Besidential Street Address
Residential Street Address 11 School St Apt 13 Principal Occupation Property Manager Is contribution a principal of a state contractor or prospective state contractor? Name of Employer Clinton Gouder Association Name of Employer
Principal Occupation Property Manager Scontibutor a principal of a state contractor or prospective state contractor?
Principal Occupation Property Manager Is contributor a principal of a state contractor or prospective state contractor?
Secontributor a principal of a state contractor or prospective state contractor?
Is contributor a principal of a state contractor or prospective state contractor?
If yes, indicate which branch or branches of eovernment the contract is with. Is this contribution associated with an event reported in Section 11? If yes, its Event # Yes Is this contribution associated with an event reported in Section 11? If yes, list Event # If yes, its Event #
sovermment the contract is with: Is this contribution associated with an event reported in Section 11? If yes, list Event #
an event reported in Section J1? If yes, list Event #
Last Name Jakaj Diella
Last Name Last Name State Money Order Credit/Debit Card Diella
Diella D
Diella D
Residential Street Address 11 School St Apt 13 Principal Occupation Cleaner Cleaner 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? If yes, list Event # Last Name Last Name Likaj Residential Street Address Principal Occupation Cash Money Order First Bledi City State City First Bledi Contribution ID # O082 Residential Street Address City Frincipal Occupation President Principal Occupation President Scontributor a principal of a state contractor or prospective state contractor? State City State City State City Amount of Contribution ID # 1370-1119 Name of Employer American Contracting Corp Is contributor a principal of a state contractor or prospective state contractor? State City Amount of Contribution City State City S
Principal Occupation Cleaner Cleaner 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? If yes, list Event # Date Received Aggregate Contributions
Scontributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist? Yes X No Amount of Contribution
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? Yes X No
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Likaj Residential Street Address 7418 21st Ave Apt 1st Principal Occupation President If yes, indicate which branch or branches of government the contract is with: Likaj Residential Street Address Personal Check 10/22/2016 First Bledi Cash Aggregate Contributions \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00 \$375.00
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Last Name Likaj Residential Street Address 7418 21st Ave Apt 1st Principal Occupation President If yes, indicate which branch or branches of government the contractor? Legislative Legislative Legislative Date Received Aggregate Contributions \$375.00 \$3
Is this contribution associated with an event reported in Section J1? If yes, list Event #
an event reported in Section J1? If yes, list Event # Likaj Residential Street Address 7418 21st Ave Apt 1st Principal Occupation President Is contributor a principal of a state contractor or prospective state contractor? Personal Check Credit/Debit Card 10/22/2016 \$375.00
If yes, list Event #
If yes, list Event #
Likaj Bledi 0082 Residential Street Address City State Zip Code 7418 21st Ave Apt 1st East Elmhurst NY 11370-1119 Principal Occupation Name of Employer President American Contracting Corp Is contributor a principal of a state contractor or prospective state contractor?
Residential Street Address 7418 21st Ave Apt 1st Principal Occupation President Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation
Principal Occupation President Is contributor a principal of a state contractor or prospective state contractor? Page 1972 East Elmhurst Name of Employer American Contracting Corp Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
Principal Occupation President Name of Employer American Contracting Corp Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Amount of Contribution
President American Contracting Corp Is contributor a principal of a state contractor or prospective state contractor? 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? Is contributor a lobbyist, spouse, or Amount of Contribution
dependent child of a lobbyist?
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with Method of contribution: Date Received Aggregate Contributions
an event reported in Section J1? Cash Personal Check
If yes, list Event # Personal Check 10/22/2016 \$375.00 \$375.00
Leading In the Contribution IN the Contributio
Last Name First MI Contribution ID # Sonila Shoshi 0085
Residential Street Address City State Zip Code
555 Bronx River Rd Yonkers NY 10704
Principal Occupation Name of Employer
Hairdresser Solan Duig of Italy
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: Executive
an event reported in Section J1?
If yes, list Event # X No X Cash Personal Check 10/22/2016 \$100.00 \$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original						
Eumaj Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Malteri		Tonia				0086
Residential Street Address	City				State	Zip Code
10 Old Mamormech Rd	<u> </u>	White Plains			NY	10605
Principal Occupation Retired		Name of Employ None	er			
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 Executive Legislative		dependent child of		No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO NO		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	10/	22/2016	\$100.00			\$100.00
	l					
Last Name	First	\ /itu-			MI	Contribution ID #
Malteri Residential Street Address	City	Vitre			State	0087 Zip Code
10 Old Mamormech Rd	City	White Plains			NY	10605
Principal Occupation		Name of Employ	er			10003
Retired		None				
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	t a lobbyist?	Yes 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?	Dute	received	riggiogate Contributions			
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	10/	22/2016	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Lucian	1 1130	Pepa				0078
Residential Street Address	City				State	Zip Code
1663 Williamsbridge Rd		Bronz			NY	10461
Principal Occupation		Name of Employ	er			
Plumber			wood Mechanical			
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 government the contract is with: Executive Legislative		•	•	No No		
Is this contribution associated with Yes 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	10/	22/2016	\$50.00			\$50.00
Last Name	First				MI	Contribution ID #
Venet		Berisha				0079
Residential Street Address	City				State	Zip Code
2455 Fredick Douglas		New York			NY	10027
Principal Occupation		Name of Employ				
Concierge			ws Building Organizati	ion		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	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:		- "	· ·	No No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event #	10/	22/2016	\$50.00			\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore January 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Kazagiqi		Mustafa				0088
Residential Street Address	City				State	Zip Code
953 Rhinelander Apt 2		Bronx			NY	10462
Principal Occupation Waiter		Name of Employ Resta	er ruant Coffee			
Is contributor a principal of a state contractor or prospective state contractor?			hhviat anamaa ar	1 I	Amou	nt of Contribution
)	dependent child of				
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No						
If yes, list Event #	10/	23/2016	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Dodi		Nertila				0084
Residential Street Address	City				State	Zip Code
1778 W 12th St Fl 2		Brooklyn			NY	11223-1101
Principal Occupation		Name of Employ	er			
Server		Vegas	Diner			
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		dependent cinia c	x	1 ,,		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	10/	24/2016	\$250.00			\$250.00
If yes, list Event #	10/		Ψ230.00			Ψ 2 30.00
Last Name	First				MI	Contribution ID #
Dodi		Anxhela				0800
Residential Street Address	City				State	Zip Code
1778 W 12th Fl 2		Brooklyn			NY	11223-1101
Principal Occupation		Name of Employ				
Waitress			Dinner			
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 Government the contract is with: Executive Legislative			х	No		
Is this contribution associated with Mathed of contribution.	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes Cash Representation: Approximation of contribution.						
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	10/	24/2016	\$250.00			\$250.00
Last Name	First				MI	Contribution ID #
Demaliaj	riist	Kreshnik			IVII	0119
Residential Street Address	City	TH COMMIN		-	State	Zip Code
2914 Jerome Ave Apt 5DN		Bronx			NY	10468-1945
Principal Occupation		Name of Employ	er			
Waiter		Russia	an Tea Room			
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		sependent ennu (No		
government the contract is with:	Data	Received	Aggregate Contributions	ı INO		
an event reported in Section J1?	Date	received	Aggregate Contributions			
X No Cash X Personal Check	10/	24/2016	\$350.00			\$350.00
If yes_list Event # Money Order Credit/Debit Card						

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Arifaj		Jetmir			0156			
Residential Street Address	City			State	Zip Code			
2914 Jerome Ave Apt 5DN	<u> </u>	Bronx		NY	10468-1662			
Principal Occupation		Name of Employ						
Server 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	Amot	int 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	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	10/	24/2016	\$350.00		\$350.00			
				l				
Last Name	First			MI	Contribution ID #			
Rudovic Residential Street Address	City	Zefa		State	O142 Zip Code			
36 Miller Hill Rd	City	Hopewell Jct		NY	12533			
Principal Occupation		Name of Employ	er	<u> </u>	12333			
Property Manager		Ljjole						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt 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 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	10/	25/2016	\$375.00		\$375.00			
				l	Laurin			
Last Name Pllumai	First			MI	Contribution ID # 0143			
Residential Street Address	City	Gjergj		State	Zip Code			
1870 Hutchinson River Pkwy	City	Bronx		NY	10465			
Principal Occupation		Name of Employ	er					
Porter		Prope	rty Work 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	5	dependent child of	or a roodyrst?					
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	10/.	25/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Shkreli		Dila			0151			
Residential Street Address	City			State	Zip Code			
4 Loosestriff Dr		Hopewell Jct		NY	12533			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
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 Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date		1.58108ate Continuations					
X No Cash X Personal Check	10/	25/2016	\$200.00		\$200.00			
If yes, list Event #	Ι΄.		· ·	I				

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore	January 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rudovic		Enkelejda			0130
Residential Street Address	City			State	Zip Code
36 Miller Hill Rd		Hopewell Jct		NY	12533
Principal Occupation Assistant Nurse		Name of Employ Audre	ey Despositio		
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 Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł	
an event reported in Section J1?	Duic	received	riggiogue Controutions		
If yes, list Event #	10/2	25/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Shkreli		Pjeter			0131
Residential Street Address	City			State	Zip Code
4 Loosestriff Dr		Hopewell Jct		NY	12533
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 le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	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 Cash Personal Check	10/:	25/2016	\$200.00		\$200.00
If yes, list Event #			7		
Last Name	First			MI	Contribution ID #
Beqiri		Mimoza			0114
Residential Street Address	City	_		State	Zip Code
4216 Oneida Ave Apt 1B	<u> </u>	Bronx		NY	10470
Principal Occupation Housekeeping		Name of Employ	er Trump SOHO		
, ,			· · · · · · · · · · · · · · · · · · ·	Amor	ant of Contribution
Yes 🔼 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 an event concreted 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	10/2	25/2016	\$350.00		\$350.00
Last Name	First			MI	Contribution ID #
Beqiri		Baki			0115
Residential Street Address	City			State	Zip Code
4216 Oneida Ave Apt 1B	L	Bronx		NY	10470
Principal Occupation		Name of Employ			
Porter		Tower	obbriet enouge or	Amax	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	unt 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?					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	10/2	25/2016	\$350.00		\$350.00

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I, MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Original			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Ismajlukaj		Hazir			0111	
Residential Street Address	City			State	Zip Code	
3158 Villa Ave		Bronx		NY	10468-1252	
Principal Occupation		Name of Employ	er	,		
Supervisor		Vqlbo	ne 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 government the contract is with:		dependent child of	x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes Cash Responsible Check						
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	10/2	26/2016	\$350.00		\$350.00	
Last Name	First			MI	Contribution ID #	
Camaj	FIISt	Fadil		IVII	0110	
Residential Street Address	City	I duli		State	Zip Code	
2195 Muliner Ave Apt 2F	City	Bronx		NY	10462	
Principal Occupation	<u> </u>	Name of Employ	er		10102	
Carpentier			Improving Service			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt 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 Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Credit/Debit Card	10/2	27/2016	\$350.00		\$350.00	
in you, min brown				<u> </u>		
Last Name	First			MI	Contribution ID #	
Hoxha		Florin			0117	
Residential Street Address	City	_		State	Zip Code	
2324 Boston Rd Apt 2B	<u>. </u>	Bronx		NY	10467	
Principal Occupation		Name of Employ				
Property Manager Is contributor a principal of a state contractor or prospective state contractor?			Properties Group obbyist, spouse, or	Amou	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of		Alliou	iit 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? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash X Personal Check						
If yes, list Event #	10/2	27/2016	\$350.00		\$350.00	
Last Name	First			MI	Contribution ID #	
Lekaj		Edmond			0128	
Residential Street Address	City			State	Zip Code	
2754 Claflin Ave # 1H		Bronx		NY	10468	
Principal Occupation		Name of Employ	er			
President			Construction Inc.			
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 of a lobbyist?	Amou	nt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
In this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/2	27/2016	\$375.00		\$375.00	

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original					
Lumaj Explore January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
O'Neill		Mark			0157
Residential Street Address	City	5.1		State	Zip Code
7439 62nd St Principal Occupation		Ridgewood		NY	11385
Mason		Name of Employ	pan Construction		
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	if a lobbyist?		
government the contract is with:		D : 1	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	10/	27/2016	\$100.00		\$100.00
If yes, list Event #	10/.	27/2010	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lumaj		Xhevahir			0155
Residential Street Address	City			State	Zip Code
4314 Richardson Ave # 1F		Bronx		NY	10466
Principal Occupation		Name of Employ			
Builder			ide Construction Corp	T	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	:S Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x N	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┪	
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check Money Order	10/	29/2016	\$375.00		\$375.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Draci		Spartak			0152
Residential Street Address	City			State	Zip Code
224 E 48th St # 1B		New York		NY	10017
Principal Occupation Supervisor		Name of Employ	er om Corp		
·			<u> </u>	Amo	unt of Contribution
Yes 🔼 No)	dependent child o		:S	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,	
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	10/	29/2016	\$300.00		\$300.00
	Б				C (T C ID#
Last Name Volaj	First	Mark		MI	Contribution ID # 0149
Residential Street Address	City	Mark		State	Zip Code
644 W 204th St Bsmt		New York		NY	10034
Principal Occupation		Name of Employ	er	-	•
Superintendent		M+N	Management		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?		
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 X Personal Check	10/	29/2016	\$375.00		\$375.00
If yes list Event # Money Order Credit/Debit Card	ı -'		1 - 1 = 1 = 2	1	

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Volaj		Emaniel			0150			
Residential Street Address	City			State	Zip Code			
644 W 204th St Bsmt		New York		NY	10034			
Principal Occupation President		Name of Employ	^{er} Home Repairs					
			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: 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 Cash Personal Check Money Order Credit/Debit Card	10/	29/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Lekaj	Tiist	Pjeter		IVII	0129			
Residential Street Address	City	. jete.		State	Zip Code			
1816 Pailding Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ	er		•			
Maintenance		Novel	Service Group Inc.					
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		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?	Dute	received	riggiogue Controutions					
X No Cash X Personal Check	10/	29/2016	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Kurtmetaj		Astrit			0120			
Residential Street Address	City	5 11		State	Zip Code			
390 Wythe Ave Apt 1D Principal Occupation		Brooklyn Name of Employ	or	NY	11249-5137			
Superintendent			ms Lofts					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes No	0	dependent child of	-					
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 X Personal Check	10/	20/2016	±200.00		±200.00			
If yes, list Event # Money Order Credit/Debit Card	10/.	29/2016	\$300.00		\$300.00			
Last Name	First			MI	Contribution ID #			
Volaj		Aleksander			0122			
Residential Street Address	City			State	Zip Code			
117 Seaman Ave Bsmt		New York		NY	10034			
Principal Occupation		Name of Employ						
Superintendent Is contributor a primitival of a state contractor or promonetive state contractor?			an Realty	Amor	unt of Contribution			
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 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 X Personal Check								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	10/	29/2016	\$375.00		\$375.00			

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I, MONETARY RECEIPTS (Section A-I)							
	2 (20	ection A-I)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							
Lumaj Explore January 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Volaj		Ana			0123		
Residential Street Address	City			State	Zip Code		
117 Seaman Ave Bsmt		New York		NY	10034		
Principal Occupation		Name of Employ	er	•	•		
Cleaner Woman		ABM :	Janitorial Service				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
s 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 Yes	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
X No Cash X Personal Check	10/	29/2016	\$375.00		\$375.00		
If yes, list Event #		-					
Last Name	First			MI	Contribution ID #		
Tinaj		David			0124		
Residential Street Address	City	241.4		State	Zip Code		
173 First St	City	Yonkers		NY	10704		
Principal Occupation		Name of Employ	or	INI	10704		
Plasterman							
			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	Aillou	int 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? Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	10/	29/2016	\$375.00		\$375.00		
				<u> </u>			
Last Name	First			MI	Contribution ID #		
Gjongecaj		Mustaf			0118		
Residential Street Address	City			State	Zip Code		
48 Blockford Ave Apt 2		Yonkers		NY	10709		
Principal Occupation		Name of Employ	er	-			
Superintendent		Bijam	Royal Inc.				
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	1			
an event reported in Section 31?							
X No Cash X Personal Check	10/	29/2016	\$350.00		\$350.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Marqjehaj		Marjana			0109		
Residential Street Address	City	,		State	Zip Code		
2349 Crossing Way		Wayne		NJ	07470		
Principal Occupation		Name of Employ	or	1 143	07470		
None		None					
			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	or contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	D-4	Received		-			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check		20/2016	±50.00		* F0.00		
If yes, list Event # Money Order Credit/Debit Card	10/	30/2016	\$50.00		\$50.00		

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hasanpapa		Kujtim			0112
Residential Street Address	City			State	Zip Code
19 Hancock Ave Apt 1	<u> </u>	Yonkers		NY	10705-4630
Principal Occupation		Name of Employ			
Carpenter Is contributor a principal of a state contractor or prospective state contractor?			politian LLC 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:			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	10/	30/2016	\$350.00		\$350.00
	I			I	
Last Name	First			MI	Contribution ID #
Tinaj Residential Street Address	City	Gjelina		State	0125 Zip Code
173 First St	City	Yonkers		NY	10704
Principal Occupation		Name of Employ	er	I	10704
Cleaner			Cleaning Service		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt 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 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	10/	30/2016	\$375.00		\$375.00
				l	Laurin
Last Name Mashi	First	Kole		MI	Contribution ID # 0127
Residential Street Address	City	Role		State	Zip Code
3044 Valentine Ave Apt B4	City	Bronx		NY	10458
Principal Occupation		Name of Employ	er	<u> </u>	
Commercial Manager		Haskl	ls Parmont		
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? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	10/.	30/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Pepaj		Vitore			0135
Residential Street Address	City			State	Zip Code
160 Dante Ave		Tuckahoe		NY	10707-3015
Principal Occupation		Name of Employ	er	-	•
Accountant		Calve	ry Hospital		
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?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date				
X No Cash X Personal Check	10/	30/2016	\$375.00		\$375.00
If yes, list Event #	Ι΄.		·	I	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Pepaj		Fran			0136			
Residential Street Address	City			State	Zip Code			
160 Dante Ave	<u> </u>	Tuckahoe		NY	10707-3015			
Principal Occupation Porter		Name of Employ	^{er} all Brooklaudo Corp.					
			obbyist, spouse, or	Amou	ant 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 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	10/	30/2016	\$375.00		\$375.00			
	L			I	I a			
Last Name	First			MI	Contribution ID #			
Vuktilaj Residential Street Address	City	Sokol		State	0137 Zip Code			
635 E 211th St	City	Bronx		NY	10467			
Principal Occupation		Name of Employ	er	<u> </u>				
Plasterman		Loren	zo's Improvement					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?					
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	10/	30/2016	\$375.00		\$375.00			
If yes, list Event # Money Order Credit/Debit Card	10/.	30/2016	\$373.00		\$373.00			
Last Name	First			MI	Contribution ID #			
Noka		Esmeralda			0138			
Residential Street Address	City			State	Zip Code			
1720 Hering Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ						
President			zo's Improvement					
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			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Regresonal Check								
X No	10/	30/2016	\$375.00		\$375.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Bujaj	C'i	Flora		Gr. r	0139			
Residential Street Address 69 Brinxville Rd Apt G1 `	City	Yonkers		State NY	Zip Code 10708-6117			
Principal Occupation		Name of Employ	er	141	10700-0117			
Cleaner			Cleaning Service					
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	U	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	10"	20/2016	#37F 00		¢27F 00			
If yes, list Event # Money Order Credit/Debit Card	10/	30/2016	\$375.00		\$375.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original		
Eunitif Exploit					
B. Itemized Contributions from	m Ind	lividuals			
Last Name Bujaj	First	Pjeter		MI	Contribution ID # 0140
Residential Street Address	City			State	Zip Code
69 Brinxville Rd Apt G1 ` Principal Occupation		Yonkers Name of Employe	or .	NY	10708-6117
Superintendent		VCJV	CI.		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or fa 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 an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/3	30/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Dile		Zadrima			0162
Residential Street Address	City			State	Zip Code
2020 Paulding Ave Fl 2	<u></u>	Bronx		NY	10462
Principal Occupation		Name of Employe			
Cleaner Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	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 or event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No	10/3	30/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Preldakaj	That	Ardjan		IVII	0153
Residential Street Address	City			State	Zip Code
2020 Paulding Ave Fl 2	<u> </u>	Bronx		NY	10462
Principal Occupation Plasterman		Name of Employe	er Day Corp		
T			obbyist, spouse, or	Amou	ant of Contribution
Yes No	0	dependent child o	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		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/3	30/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Pllumaj		Aldo			0144
Residential Street Address	City			State	Zip Code
1870 Hutchinson River Pkwy		Bronx		NY	10461
Principal Occupation		Name of Employ			
Concierge Is contributor a principal of a state contractor or prospective state contractor?			Court Corp.	Amou	unt of Contribution
Yes No	o	dependent child o	of a lobbyist?	Amot	int of Contribution
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		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	10/3	30/2016	\$375.00		\$375.00

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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 January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Margjokaj		Albert			0133			
Residential Street Address	City			State	Zip Code			
2349 Crossing Way		Wayne		NJ	07470-4733			
Principal Occupation		Name of Employ	er	•				
Custodian		Roche	elle Pond BOD					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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:			x No					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
X No Cash X Personal Check	10/	30/2016	\$200.00		\$200.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Zekaj		Flutura			0154			
Residential Street Address	City			State	Zip Code			
2230 Cruger Ave Apt 5F		Bronx		NY	10467			
Principal Occupation		Name of Employ	er	1	10407			
Cleaner		ABM	Ci					
			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	37	Amou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative	-			4				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	10/	31/2016	\$300.00		\$300.00			
Last Name	First			MI	Contribution ID #			
Hoxha		Medi			0113			
Residential Street Address	City			State	Zip Code			
2324 Boston Rd Apt 2B		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Broker		Delta	Properties Group					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	or a roodyrst:					
If yes, indicate which branch or branches of 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?								
X No	10/	31/2016	\$350.00		\$350.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Murati		Arjana			0121			
Residential Street Address	City			State	Zip Code			
3076 21st St Apt 1	,	Astoria		NY	11102			
Principal Occupation		Name of Employ	er		!			
Cleaning Lady			Building Maintaining					
			obbyist, spouse, or	Amou	int of Contribution			
Yes X No)	dependent child of	Vac					
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?			- CO -0					
X No Cash X Personal Check	11/	01/2016	\$350.00		\$350.00			
If yes, list Event #	l/	-,2010	Ψ330.00	I	4000.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Lumaj		Mark			0159			
Residential Street Address	City			State	Zip Code			
1727 Coldenave # 1R		Bronx		NY	10462			
Principal Occupation		Name of Employ						
Carpenter			Construction					
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?	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? Yes Cash Personal Check								
X No	11/	01/2016	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tinaj		Luigj			0160			
Residential Street Address	City			State	Zip Code			
1769 Eastburn Ave Apt Bb	<u> </u>	Bronx		NY	10457			
Principal Occupation		Name of Employ						
Superintendent 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	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 Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Regresonal Check								
X No	11/	01/2016	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tinaj		Ladovic			0161			
Residential Street Address	City			State	Zip Code			
215 W 84th # 608	<u> </u>	Manhattan		NY	10024			
Principal Occupation		Name of Employ						
Residential Manager Is contributor a principal of a state contractor or prospective state contractor?			Court Corp 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: 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 Credit/Debit Card	11/	01/2016	\$375.00		\$375.00			
				l				
Last Name	First			MI	Contribution ID #			
Permeti Residential Street Address	City	Panajot		State	O158 Zip Code			
198 14-30th Ave FLR 2nd	City	Flushing		NY	11358			
Principal Occupation		Name of Employ	er	141	111330			
Owner			Euro Remodeling					
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	a loodyist?					
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		02/2016	1000 00		±200.00			
If yes, list Event # Money Order Credit/Debit Card	11/	02/2016	\$300.00		\$300.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original								
Lumaj Explore								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ylli		Gega			0108			
Residential Street Address	City			State	Zip Code			
2155 Paulding Ave Apt 5E		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
Driver		ALEKS	S Express					
			abbyist spays or	Amou	unt 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}					
T 41	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
x No Cash Personal Check	11/	02/2016	\$100.00		\$100.00			
If yes, list Event #		-						
Last Name	First			MI	Contribution ID #			
Dekaj		Ilir			0303			
Residential Street Address	City			State	Zip Code			
1163 Mocken Dr		West Palm B	each	FL	33406			
Principal Occupation		Name of Employ		<u> </u>	33400			
Owner		1 7	ral tile & stonerestoration llc					
			obbyist, spouse, or	A mou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	int 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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		06 (204 6	+275.00		+275.00			
If yes, list Event # Money Order X Credit/Debit Card	11/	06/2016	\$375.00		\$375.00			
	-				La . z . m #			
Last Name	First			MI	Contribution ID #			
Dekaj		Prek			0304			
Residential Street Address	City			State	Zip Code			
46717 Breckenridge Dr		Macomb		MI	48044			
Principal Occupation		Name of Employ						
tile setter		Frank		,				
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 (•					
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					
If yes, list Event # Cash Credit/Debit Card	11/	07/2016	\$375.00		\$375.00			
				I	I			
Last Name	First			MI	Contribution ID #			
Dekaj		Lek			0305			
Residential Street Address	City			State	Zip Code			
503 Rich Dr		Palm Springs	5	FL	33406			
Principal Occupation		Name of Employ	er					
tile seter		Larry'	s Tile					
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 foodyist?					
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	11/	11/2016	\$375.00		\$375.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I www.or.neno	D.T.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original						
Luniaj Explote						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Lumaj		Drita				0306
Residential Street Address	City				State	Zip Code
2520 41st St APR 3R		Astoria Name of Employ			NY	11103
Principal Occupation Hair Stylist			Leon Hair Salon			
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:	D-4-	D i 4		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 Money Order X Credit/Debit Card	11/	11/2016	\$200.00		:	\$200.00
Last Name	First				MI	Contribution ID #
Popaj Residential Street Address	C't	Gjek			Ctata	0307 Zip Code
357 E 57th St Apt 2A	City	New York			State NY	10022
Principal Occupation		Name of Employ	er	!	INI	10022
Owner			estoration			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	1	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative)	dependent child of	of a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO		
an event reported in Section J1?	Date	Received	riggregate controlations			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	11/	13/2016	\$250.00			\$250.00
Last Name	First				MI	Contribution ID #
Mengjiqi	1 1150	Adnan				0425
Residential Street Address	City				State	Zip Code
2182 Barmes Ave		Bronx			NY	10462
Principal Occupation		Name of Employ	er			
Assistant			anaj Corp			
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	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	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 11132016A No Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$100.00		<u> </u>	\$100.00
Last Name	First				MI	Contribution ID #
Gjoni		Mikel				0426
Residential Street Address	City				State	Zip Code
1288 Crosby Ave		Bronx			NY	10461
Principal Occupation		Name of Employ				
Manager		Mpow				
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		-	· ·	No		
government the contract is with:	Date	Received	Aggregate Contributions	- 110		
an event reported in Section J1?						
If yes list Event # 11132016A X Cash Personal Check	11/	13/2016	\$100.00			\$100.00

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NAME OF COMMITTEE Provide Complete Name as Registreced with Commission TYPE OF REPORT Cannary 10 Firing Organia Cannary 10 Firing Orga	I. MONETARY RECEIPTS (Section A-I)								
Section Part			,						
Lace Name	Lumaj Explore			January 10 Filing - Original					
Pecide P	B. Itemized Contributions from Individuals								
Revidential Stores Address	Last Name	First			MI	Contribution ID #			
Thickpall Occopation Hardyman Property Ave Hardyman Peter Corp No. No. Peter Corp No. No. Peter Corp	malshvti		Peter			0427			
Principal Occupation Name of Threstover Handyman Name of Threstover Felter Carp	Residential Street Address	City				1			
Handyrnen Count-based a principal of a since contractor or prospective state contractor? ye No No operation thick of the state of the second of the state of the second of the state of the second of the s					NY	10461			
Is contribute a percepted of a trate comment or prospective state contactor! Yes No Security Security Yes Securit									
Yes No dependent child of a lobbyst? Yes No Dependent ch					Amou	unt of Contribution			
Executive Expellative Ex	Yes X No	0		Vac	7 tinot	ant of Contribution			
an event regarded in Section 17 Last Name Shabi Reademind Store Address Shabi Reademind Store Address Shabi Reademind Store Address City Bronx Name of Employer Alland's Removation Alland's Removation Alland's Removation Alland's Removation Legislative So contributor a principal of a state contractor or prospective attac contractors of prospective attactors of prospective attact contractors of prospective attact of a loady-prospective attact of a loady-prospective attact of a loady-prospective attact of a loady-prospective attact of a loady	Evacutiva Lagislativa			x _{No}					
Fryes, lief Freet # 11132016A	XI Voc	Date	Received	Aggregate Contributions					
Last Name First First Countribution ID	X Cash Personal Check								
Ensidential Street Address Bronk Construction Legislative If yes, indicate which branch or branches of government the contract is with Lat Name Construction Lat Name Construction Lacinitus arguingular of propertive state contractor? Lacy Lagislative Lacy Ladiants Construction Lat Name Construction Lat Name Construction Lacy Ladiants Lacy Ladiants Construction Lacy Ladiants Construction Lacy Ladiants Lacy Ladiants Construction Lacy Ladiants Lacy Ladiants Construction Lacy Ladiants Lacy Ladiants Lacy Ladiants Lacy Ladiants Construction Lacy Ladiants Lac	If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Shabi Emilian D428 Residential Street Address City	Lact Nama	Eiret			I MI	Contribution ID #			
Residential Street Address		FIISt			IVII				
Principal Occupation Seattributor a principal of a state continuctor or prospective state continuctors Ves No Seattributor a principal of a state continuctor or prospective state continuctor or prospective state continuctors Ves No Seattributor a lobblysis, spease, or dependent child of a lobblysis; Seattributor a lobbl		City	Lillillali		State				
Construction Atlantis Renovation Securitivator a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a following, spouse, or Yes Amount of Contribution Security Yes Yes Is this contribution associated with an event repeated in Section 17? Yes Method of committed for committed in New Yes Method of committed for committed in New Yes Method of committed for committed in New Yes Intervent # 11132016A Name First Mil Committed for New No O429			Bronx			•			
If yes, indicate which branch or branches of	Principal Occupation	•	Name of Employ	er					
Yes	Construction		Atlani	tis Renovation					
If yes, indicate which branch or branches of somewheat flee contract is with. Security Legislative Legisla	Is contributor a principal of a state contractor or prospective state contractor?	n		Vac	Amou	ant of Contribution			
Secretary Capital Personal Check Legislative Legis	If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
an event reported in Section J1? If yes, list Event # 11132016A	government the contract is with:								
Last Name Mico	IXI voc	Date	Received	Aggregate Contributions					
Last Name	Cash Personal Check	11/	12/2016	¢100.00		¢100 00			
Residential Street Address 2106 74th St # 1F Principal Occupation Construction Is contributor a principal of a state contractor or prospective state contractor? Yes No Street Address No No Street Address No Street Address No Street Address		11/	13/2016	\$100.00		\$100.00			
Residential Street Address 2106 74th St # 1F State Zip Code	Last Name	First			MI	Contribution ID #			
Principal Occupation Name of Employer Adrian Construction	Mico		Ardian			0429			
Principal Occupation Construction 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 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? Last Name Djuraf Residential Street Address 107 Old Well Rd Principal Occupation Superintendent Is contributor a principal of a state contractor or prospective state contractor? Yes No Date Received Aggregate Contributions Amount of Contribution of dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist. Spouse, or depend	Residential Street Address	City			State	Zip Code			
Construction Adrian Construction	2106 74th St # 1F		Brooklyn		NY	11204			
Is contributor a principal of a state contractor or prospective state contractor?									
Yes No dependent child of a lobbyist? Yes Ye									
Executive Legislative Le	Is contributor a principal of a state contractor or prospective state contractor? Yes No	0			Amou	int of Contribution			
Section of the contract with the contract of which the contract of the contract is with: Section J1?	Evacutiva Lagislativa			x No					
an event reported in Section J1? If yes, list Event # 11132016A	government the contract is with.	Date	Received		1				
Last Name	an event reported in Section 31?								
Last Name Djuraf Residential Street Address City State 107 Old Well Rd Purchase Ny 10577 Principal Occupation Superintendent 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? MI Contribution ID # Koviz Name of Employer Sealman Sealman Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist? Is this contribution associated with an event reported in Section J1? Amount of Contribution Aggregate Contributions \$40.00 \$40.00	│	11/	13/2016	\$100.00		\$100.00			
Residential Street Address City State Zip Code					l	La . a . a . p. u			
Residential Street Address 107 Old Well Rd Purchase NY 10577 Principal Occupation Superintendent 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 Amount of Contribution Aggregate Contributions \$40.00 \$40.00		First			MI				
Principal Occupation Superintendent Sealman 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? Purchase Ny 10577 Name of Employer Sealman Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Amount of Contribution Aggregate Contributions Personal Check 11/13/2016 \$40.00	-	City	ROVIZ		State	<u> </u>			
Superintendent 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? Sealman Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes Amount of Contribution Legislative Date Received Aggregate Contributions Personal Check 11/13/2016 \$40.00			Purchase			I -			
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 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? Method of contribution: Date Received Aggregate Contributions Amount of Contribution And Personal Check 11/13/2016 \$40.00 \$40.00	Principal Occupation		Name of Employ	er	!				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? X Yes X No	Superintendent		Sealn	nan					
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Legislative Date Received Aggregate Contributions an event reported in Section J1? No No No S40.00	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ınt of Contribution			
Is this contribution associated with an event reported in Section J1? X Yes	Evacutiva Lagislativa		acpondent emili (·					
an event reported in Section J1? Yes X Yes X Cash Personal Check 11/13/2016 \$40.00 \$40.00	government the contract is with:	Data	Received						
□ No □ □ □ □ □ □ 11/13/2016 □ \$40.00 □ \$40.00	an event reported in Section J1?	Date	received.	Assiegate Contributions					
	If yes, list Event # 11132016A No SX Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$40.00		\$40.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Tinaj		Lando			0431			
Residential Street Address	City			State	Zip Code			
705 Sullasunna Rd	<u> </u>	Landing		NJ	07850			
Principal Occupation		Name of Employ	er e Comfren and sons					
Doorman 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	Voc	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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
	I .							
Last Name	First			MI	Contribution ID #			
Mourounas Residential Street Address	City	Mike		State	0432 Zip Code			
2438 47th St	City	Astoria		NY	11103			
Principal Occupation		Name of Employ	er	INI	11103			
construction management			ine contracting Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	<u></u>					
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					
x Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Berisha	1 1130	Hyshi		IVII	0434			
Residential Street Address	City	,		State	Zip Code			
6 Audubon Rd		South Salem		NY	10590-2513			
Principal Occupation		Name of Employ	er		•			
Owner		Four I	Brothers Feyce					
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 Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia c	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	11/:	13/2016	\$350.00		\$350.00			
If yes, list Event # 11132016A	<i>'</i>	-, -	,					
Last Name	First			MI	Contribution ID #			
Lelcaj		Engjell			0437			
Residential Street Address	City			State	Zip Code			
610 Cresent Ave	L	Bronx		NY	10458			
Principal Occupation		Name of Employ						
Construction Worker Is contributor a principal of a state contractor or prospective state contractor?			o Lelcaj Corp 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		Amou	an or 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? Method of contribution: Method of contribution:								
If yes, list Event # 11132016A No Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pepaj		Spartak			0438			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	-	•			
Tile Work		Atlant	is Corp					
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 foodysst?					
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 Charle								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
.				l	I			
Last Name	First	D. J. St.		MI	Contribution ID #			
Jupolli D. H. G. L. G. L. A. H.	G'i	Rukije		G	0440			
Residential Street Address	City	5		State	Zip Code			
2130 Williams Brg		Bronx		NY	10461			
Principal Occupation Housewife		Name of Employ						
		House Is contributor at	obbyist, spouse, or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	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	-				
an event reported in Section J1?	Bute	received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$350.00		\$350.00			
If yes, list Event # 11132016A	11/	13,2010	Ψ330.00		4330.00			
Last Name	First			MI	Contribution ID #			
Ddoci		Ton			0441			
Residential Street Address	City			State	Zip Code			
4 First St		Salem		MA	01970			
Principal Occupation		Name of Employ	er					
Cook		ALBA	Restorant					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	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 x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # 11132016A Cash Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
					1			
Last Name	First			MI	Contribution ID #			
Buzi		Erisa			0442			
Residential Street Address	City			State	Zip Code			
145 Ward St		Revere		MA	02151			
Principal Occupation		Name of Employ						
Server Is contributor a principal of a state contractor or prospective state contractor?		Horpu Is contributor a l	obbyict chause or	Amor	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amot	or 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 -6					
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A	l í		•	1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Poraj		Redjan			0443			
Residential Street Address	City			State	Zip Code			
715 Van Nest Ave	L	Bronx		NY	10462			
Principal Occupation Mason		Name of Employ	er ept Stone					
			11.11	Amor	unt of Contribution			
Yes X No	0	dependent child of	37					
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					
Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Makaj	1 1130	Tomas		IVII	0444			
Residential Street Address	City			State	Zip Code			
291 Agor Ln		Mahopac		NY	10541-1340			
Principal Occupation	•	Name of Employ	er	,	•			
Manager		Makaj	Realty inc					
Is contributor a principal of a state contractor or prospective state contractor?	o	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						
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	11/:	13/2016	\$200.00		\$200.00			
If yes, list Event # 11132016A				l .				
Last Name	First			MI	Contribution ID #			
Belliu		Mirela			0445			
Residential Street Address	City	_		State	Zip Code			
2527 Radcliff Ave		Name of Employ	ou.	NY	10469			
Principal Occupation Floor manager			er lorf and Goodwin					
		,	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No	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 executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? No Cash Personal Check			4075.00					
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Belliu		Elton			0446			
Residential Street Address	City			State	Zip Code			
2527 Radcliff Ave	<u> </u>	Bronx		NY	10469			
Principal Occupation		Name of Employ						
Owner			s Park Electrical Repair	Amax	unt of Contribution			
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 an event reported in Section 112 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 71?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Buzi		Sajmir			0447			
Residential Street Address	City			State	Zip Code			
145 Ward St	<u> </u>	Revere		MA	02151			
Principal Occupation		Name of Employ						
Cook Is contributor a principal of a state contractor or prospective state contractor?		Vulaj	11 14	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	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 execution 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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
I Holly order I condition can				<u> </u>				
Last Name	First			MI	Contribution ID #			
Lumaj		David			0448			
Residential Street Address	City	N V I		State	Zip Code			
310 W 106th St	<u> </u>	New York	on.	NY	10025			
Principal Occupation Resident manager		Name of Employ	ore Management					
			obbyjet enouge 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 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 # 11132016A No Anney Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
II yes, list Event # III 32010A I Money Order I Credit Debit Card				<u> </u>				
Last Name	First			MI	Contribution ID #			
Vuksanaj		Ardian			0449			
Residential Street Address	City	_		State	Zip Code			
1718 Lurting Ave	<u> </u>	Bronx		NY	10461			
Principal Occupation Construction		Name of Employ	c Constructuion					
			obbyist snouse 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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
T. O.	F: .			 \				
Last Name Begi	First	Nikolin		MI	Contribution ID # 0450			
Residential Street Address	City	NIKOIII		State	Zip Code			
57 Cumberland Way	City	Yonkers		NY	10769			
Principal Occupation		Name of Employ	er	!	,			
Project Manager		AVO (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 robbyist?					
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					
No Cash Personal Check	1	12/2016	#1F0 00		¢150.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$150.00		\$150.00			

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore			January 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Lumaj		Frank			0451		
Residential Street Address	City			State	Zip Code		
424 Second Ave		Pelham		NY	10803		
Principal Occupation		Name of Employ	er	•	-		
Student		Stude	ent				
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 lobbyist?				
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	1			
an event reported in section 31:							
If yes, list Event # Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00		
in yes, list Event #							
Last Name	First			MI	Contribution ID #		
Cacaj		Ghola			0452		
Residential Street Address	City			State	Zip Code		
87 Wet		New York		NY	10025		
Principal Occupation		Name of Employ	er				
Property Manager		eight	57 w corp				
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? X Cash Personal Check							
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Vorfa		Zamir			0453		
Residential Street Address	City	D 11		State	Zip Code		
456 Lake St		Brooklyn		NY	11223		
Principal Occupation		Name of Employ					
Mechanic 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)	dependent child of		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	ł			
an event reported in Section J1?	Bute	10001100	riggregate contributions				
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00		
If yes, list Event # 11132016A	,	-,	,				
Last Name	First			MI	Contribution ID #		
Pouch		Nikol			0454		
Residential Street Address	City			State	Zip Code		
25-40 Shore Blvd		Astoria		NY	11102		
Principal Occupation		Name of Employ	er	•			
Superintendent		Share	e Towens				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
dependent child of a foodylst?							
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			
X Cook Parsavel Check							
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00		
- July Order - Cledit Debit Card				L			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gjonbalaj		Shpen			0455			
Residential Street Address	City			State	Zip Code			
621 Cresant Ave		Bronx		NY	10458			
Principal Occupation Owner		Name of Employ	^{er} n Gjonbalaj Bar					
		-	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				I				
Last Name	First	Aliin		MI	Contribution ID #			
Tejoj Residential Street Address	City	Alija		State	0461 Zip Code			
59-16 Grove St	City	Ridgewood		NY	11385			
Principal Occupation		Name of Employ	er					
Elevator Operator		Brown	n Harris Stivens					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amount 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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check		12/2016	#300.00		±200.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$300.00		\$300.00			
Last Name	First			MI	Contribution ID #			
Hamzallari		Bardhyl			0097			
Residential Street Address	City			State	Zip Code			
2190 Bolton St Apt 2E		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
Supervisor		G.A.L						
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		i	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								
No I Tributal Calculation	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Gjura		Aurel			0098			
Residential Street Address	City	Duant		State	Zip Code			
130W 183rd Apt 5G Principal Occupation		Bronx Name of Employ	or	NY	10453			
Plumbing		Blue I						
			-1.1	Amou	unt of Contribution			
Yes X No	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 71?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Jakej		Ritvan			0099			
Residential Street Address	City			State	Zip Code			
16 Agawam S Apt 2A		Yonkers		NY	10704			
Principal Occupation		Name of Employ	er					
Mechanic		Centr	al Tire					
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 an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hamzallari	First	Dorjana		IVII	0100			
Residential Street Address	City	Dorjana		State	Zip Code			
2363 Lyon Ave Apt 32	City	Bronx		NY	10462			
Principal Occupation		Name of Employ	er		10102			
Painter		T.J.A.						
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 Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
111020101								
Last Name	First			MI	Contribution ID #			
Nikqi		Shaban			0101			
Residential Street Address	City	5		State	Zip Code			
2344 Boston Rd		Bronx		NY	10467			
Principal Occupation Forman		Name of Employ	ewer and Water Inc					
			obbyist, spouse, or	Amou	nt of Contribution			
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 an event reported in Section 112	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 11132016A Cash Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00			
injunition of the control of the con								
Last Name	First			MI	Contribution ID #			
Mita		Elio			0102			
Residential Street Address	City			State	Zip Code			
176 Vrfldenburch		Yonkers		NY	10204			
Principal Occupation Waiter		Name of Employ	m Steak house					
			abbyist snause or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac	7 111100	controution			
If yes, indicate which branch or branches of government the contract is with:			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	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A								

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I. MONETARY RECEIPT	S (Sc	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Shani		Bardhok			0103			
Residential Street Address	City			State	Zip Code			
114 Highland St	Щ,	Taunton		MA	02780			
Principal Occupation Mechanic		Name of Employ	^{er} Auto Repair					
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:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A No Cash X Personal Check No	11/:	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Lumaj		Mersida			0104			
Residential Street Address	City			State	Zip Code			
2914 Jerome Ave Apt 3DS		Bronx		NY	10468			
Principal Occupation		Name of Employ	er					
Tax Associate		KPMG						
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 government the contract is with: Executive Legislative		dependent enna (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 J1? If yes, list Event # 11132016A Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00			
I Hotely Order I Electroper Card				<u> </u>				
Last Name	First	National Control		MI	Contribution ID #			
Dekaj Residential Street Address	City	Mikel		State	O105 Zip Code			
126 First St	City	Yonkers		NY	10709			
Principal Occupation	Ч-	Name of Employ	er	<u> </u>	10.03			
Manager		Benja	min Steak house					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? 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?	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A No Cash X Personal Check Money Order	11/:	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Meta		Frank			0106			
Residential Street Address	City			State	Zip Code			
163-67 20th Ave		Whitestone		NY	11357			
Principal Occupation		Name of Employ	er					
President			Electric inc					
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.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 11132016A Cash Resonal Check	11/	13/2016	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT						
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mitaj		Alba			0107				
Residential Street Address	City			State	Zip Code				
9 Woodbine St	,	Yonkers		NY	10704				
Principal Occupation		Name of Employ	er						
Property Manager		The T	orkian Group						
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 A yes Yes	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Lumaj		Gjek			0311				
Residential Street Address	City			State	Zip Code				
1827 Tomlinson Ave		Bronx		NY	10461-1418				
Principal Occupation		Name of Employ	er						
Porter		BLDG							
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 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 X Barsanal Chack									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00				
	·			l					
Last Name	First			MI	Contribution ID #				
Zaimi	-	Entuela		_	0312				
Residential Street Address	City			State	Zip Code				
2324 Boston Rd Apt 9D		Bronx		NY	10467-9052				
Principal Occupation Logistics		Name of Employ MSC	ei						
			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		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 X Personal Check	11/:	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A	Í	<i>'</i>							
Last Name	First			MI	Contribution ID #				
Lumaj		Eduard			0313				
Residential Street Address	City			State	Zip Code				
3411 Irling Ave # 17E		Bronx		NY	10463				
Principal Occupation		Name of Employ	er						
Corfner		Pebbl	e Craft INC						
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 robbyist?						
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 # 11132016A Cash Credit/Debit Card	11/	13/2016	\$200.00		\$200.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
	FIISt	Luce		MI	0314			
popaj Residential Street Address	City	Luce		State	Zip Code			
2109 Hone Ave	City	Bronx		NY	10461			
Principal Occupation		Name of Employ	or.	INI	10401			
Waiter			m Steak house					
			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 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 □ □ ·······························	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Veshtaj		Ejll			0315			
Residential Street Address	City			State	Zip Code			
1656 Tomlinson Ave Apt 2		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	•				
waiter		Benja	m Steak house					
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: Executive Legislative			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section 31?								
U No T	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Buzhiqi		Agron			0316			
Residential Street Address	City			State	Zip Code			
85 Upland Rd		York Town H	eights	NY	10598			
Principal Occupation		Name of Employ	er	•				
Superintendent		Chake	eau Corp					
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 71:								
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00			
				1				
Last Name	First			MI	Contribution ID #			
Makaj		Nikol			0317			
Residential Street Address	City			State	Zip Code			
337 Saints Johns Ave		Yonkers		NY	10704-2744			
Principal Occupation		Name of Employ						
Landlord			y Corp					
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?	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	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$200.00		\$200.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	l ^{11/}	13/2016	⊅∠∪∪.∪∪	1	φ ∠ 00.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Durgaj		Koldoaldo			0318				
Residential Street Address	City			State	Zip Code				
170 Nelson Rd		Scarsdale		NY	10583				
Principal Occupation		Name of Employ							
Bartender Is contributor a principal of a state contractor or prospective state contractor?			on Square Garden 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:			x _{No}						
Is this contribution associated with an execution in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Goodine		Lindsey		_	0319				
Residential Street Address	City	D :		State	Zip Code				
58 Baldwin Dr	<u> </u>	Bristol Name of Employ	on.	СТ	06010				
Principal Occupation Teacher		CREC							
			11 1 ·	Amou	unt 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:			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 31:									
U No I ☐ ····· ☐ ·····	11/:	13/2016	\$25.00		\$25.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Dajovic		Selma			0320				
Residential Street Address	City			State	Zip Code				
3144 Irving Ave # 17E		Bronx		NY	10463				
Principal Occupation		Name of Employ							
Unemployed Is contributed a principal of a state contractor or prospective state contractor?			ployed obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Table 20 C 10 1 20 - I Mark C 20 C	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Personal Check									
If yes, list Event # 11132016A No Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00				
If yes, list Event # III32010A I Money Order I Credit Debit Card									
Last Name	First			MI	Contribution ID #				
Lumaj		Paulin			0321				
Residential Street Address	City	- "		State	Zip Code				
424 Second Ave		Pelham		NY	10803				
Principal Occupation Maintenance Mechanic		Name of Employ	^{er} rnabas						
			.1.1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	J. Commonion				
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						
all event reported in Section 71?									
If yes, list Event # 11132016A No Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$150.00		\$150.00				

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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			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lumaj		Mira			0322				
Residential Street Address	City	-		State	Zip Code				
424 Second Ave	,	Pelham		NY	10803				
Principal Occupation		Name of Employ	er	!					
Hair Dresser		Alma	Salon						
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	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$150.00		\$150.00				
in yes, list Evenit# 11132010A I Money Order Card									
Last Name	First			MI	Contribution ID #				
Alla		Ermir			0323				
Residential Street Address	City			State	Zip Code				
305 6th Ave Apt 11		Pelham		NY	10803				
Principal Occupation		Name of Employ	er						
Waiter		Benja	min Steak house						
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 A yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
111020101					-				
Last Name	First			MI	Contribution ID #				
Popaj		Katrine			0324				
Residential Street Address	City			State	Zip Code				
2109 Hone Ave		Bronx		NY	10461				
Principal Occupation		Name of Employ	er						
Cleaning		Clean	ing Company						
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 c	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						
			4275.00		1075.00				
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Popaj	riist	Kole		IVII	0325				
Residential Street Address	City	Role		State	Zip Code				
2109 Hone Ave	City	Bronx		NY	10461				
Principal Occupation		Name of Employ	er	1	10101				
handy Man		brotso							
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	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from Individuals								
		iiviuuais						
Last Name	First	5 .		MI	Contribution ID #			
Dudzinski	O.	Daryle		a	0326			
Residential Street Address	City	D :		State	Zip Code			
35 Regency Ct		Bristol		СТ	06010			
Principal Occupation		Name of Employ						
Director		·	rtment of Labor					
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	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
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					
Cash X Barsanal Chack	l							
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dedvukaj		Drita			0327			
Residential Street Address	City			State	Zip Code			
67 Kia Ora Blvd		Mahopac		NY	10541			
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	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 E	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Camovic		Adelina			0328			
Residential Street Address	City			State	Zip Code			
1055 Esplanade Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
PCA		Hospi	tal for special sugery					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS NOT THE CONTROL IN THE C			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	11/	13/2016	\$200.00		\$200.00			
If yes, list Event # 11132016A			Ţ					
Last Name	First			MI	Contribution ID #			
Weber		Brock			0329			
Residential Street Address	City	Brock		State	Zip Code			
48 Winthrop St Apt 2	City	New Britain		CT	12345-0605			
		Name of Employ	ar	Ci	12545 0005			
Principal Occupation			of Connecticut					
legislative Aid Is contributor a principal of a state contractor or prospective state contractor?			abbyist spaysa or	Amon	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 Commountion			
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? Method of contribution:	Date	Received	Aggregate Contributions					
		12/2016	1275.00		±270.00			
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$375.00		\$270.00			

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I. MONETARY RECEIPT	S (S	action A D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuui 5		MI	Contribution ID #			
Last Name Ahmetaj	FIISt	Pranvera		IVII	0330			
Residential Street Address	City	Tranvera		State	Zip Code			
2058 Cruger Ave Apt A4		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
Associate		Globe	tax Services					
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 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					
Cosh X Parsonal Charle								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Skyu	First	Ilir		IVII	0331			
Residential Street Address	City	1111		State	Zip Code			
142 W 17th St Apt 3FW		New York		NY	10011			
Principal Occupation		Name of Employ	er					
Property Manager		NY Pr	operty Management					
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	<u> </u>					
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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Budzinski	FIISt	Mary		A	0332			
Residential Street Address	City	indi y		State	Zip Code			
35 Cronin St		Forestville		СТ	06010			
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 we sindicate 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? Method of contribution:	Date	Received	Aggregate Contributions					
		42/2046	+100.00		+400.00			
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dedvukaj	1 1100	Mark			0333			
Residential Street Address	City	-		State	Zip Code			
67 Kia Ora Blvd		Mahopac		NY	10541			
Principal Occupation		Name of Employ	er					
Owner		MPD F	Plumbing and heating					
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		acpendent cinid (x No					
government the contract is with: Legislative Legislative Legislative	D-4	P. annivad						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	**/	13,2010	φ3/3.00	I	¥3,3.00			

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I. MONETARY RECEIPT	C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT		
Lumaj Explore January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	ii viuuuis		MI	Contribution ID #
	FIISt	Drupo		IVII	0334
Brahima Residential Street Address	City	Bruno		State	
	City	Duant			Zip Code
900 Ludig Ave		Bronx		NY	10462
Principal Occupation		Name of Employ			
Server			m Steak house		
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			·		
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		
Cash X Barsanal Chack					
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Gjura		Taulanoe			0335
Residential Street Address	City			State	Zip Code
66 Hun Hill Rd		Bronx		NY	10467
Principal Occupation		Name of Employ	er		
House Keeper		N/A			
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 lobbyist?		
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	1	
an event reported in Section 31?					
No Cash X Personal Check	11/	13/2016	\$200.00		\$200.00
If yes, list Event # 11132016A		•			
Last Name	First			MI	Contribution ID #
Lleshgegaj		Pjeter			0336
Residential Street Address	City			State	Zip Code
735 Pelham Pkwy		Bronx		NY	10467-9528
Principal Occupation		Name of Employ	er		10.07 3020
Labor		Culbe			
			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		7 tinou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	11/	12/2016	¢100.00		¢100.00
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
					a
Last Name	First			MI	Contribution ID #
Noonan		Kevin		S	0337
Residential Street Address	City			State	Zip Code
148 Kizburn Rd S		Garden City		NY	11530
Principal Occupation		Name of Employ			
site safey manager			ish Consultants		
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 child (
government the contract is with:			x _{No}	1	
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Foto		Silvana			0338				
Residential Street Address	City			State	Zip Code				
2347 Wallace Ave	<u> </u>	Bronx		NY	10467				
Principal Occupation		Name of Employ							
FInance Associate Is contributor a principal of a state contractor or prospective state contractor?			gnor Scanlan HS 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	37	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 event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Responsible Cash Cash Responsible Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
	l			I					
Last Name	First			MI	Contribution ID #				
Bajraktari Residential Street Address	City	Etmond		State	0339 Zip Code				
3119 32nd St	City	Astoria		NY	11106				
Principal Occupation		Name of Employ	er	141	11100				
Electrian			Electric Inc						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	D	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						
Cash Personal Check									
If yes, list Event # 11132016A	11/	13/2016	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Dekaj	11130	Mark		IVII	0340				
Residential Street Address	City			State	Zip Code				
126 First St		Yonkers		NY	10704				
Principal Occupation	-	Name of Employ	er		•				
Owner		MJD 7	ikles and Mobile						
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 cinia (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 X Personal Check	11/	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Bunjaj		Arjan			0341				
Residential Street Address	City			State	Zip Code				
17-19 Ridge Rd	<u> </u>	Lyndhurst		NJ	07071				
Principal Occupation		Name of Employ							
Waiter Is contributor a principal of a state contractor or prospective state contractor?			143 Inc 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		7 tinot	ant 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 avent proported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 11132016A Solution No	11/	13/2016	\$375.00		\$375.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Mitaj		Arben			0342				
Residential Street Address	City			State	Zip Code				
1516 Hawthorne St	L	Bronx		NY	10469				
Principal Occupation Owner		Name of Employ	er COnstruction						
			11 1 ·	Amou	ant of Contribution				
Yes X No	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 event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Mitaj	1 1130	Leze		IVII	0343				
Residential Street Address	City			State	Zip Code				
1516 Hawthorne St		Bronx		NY	10469				
Principal Occupation	•	Name of Employ	er		•				
Cleaner		CBS (Cleaning Company						
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		dependent ennu (
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	11/:	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A		-,							
Last Name	First			MI	Contribution ID #				
Haliti		Ruzhdi			0344				
Residential Street Address	City			State	Zip Code				
230 Riverside Dr	<u> </u>	New York		NY	10025				
Principal Occupation Doorman		Name of Employ Or sic							
			obbyist snouse 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$300.00		\$300.00				
Last Name	First			MI	Contribution ID #				
Borici		Arian			0345				
Residential Street Address	City			State	Zip Code				
573 Minnieford Ave		Bronx		NY	10464-1118				
Principal Occupation		Name of Employ	er						
Associate Broker			Realty Group						
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?	Amou	unt 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?			30 0						
If yes, list Event # 11132016A No Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$150.00		\$150.00				

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I. MONETARY RECEIPT	C (C	notion A D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iiviuuais		1.0	La .a . m.			
Last Name Lumaj	First	Ermal		MI	Contribution ID # 0346			
Residential Street Address	City			State	Zip Code			
2914 Jerome Ave		Bronx		NY	10468			
Principal Occupation		Name of Employ	er		•			
President		Euro ⁻	Tech Constructing					
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? Ye		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 A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 11132016A No San Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
T. AV	г			1.6	I G (1 (ID)			
Last Name Marku	First	Domina		MI	Contribution ID #			
Residential Street Address	City	Rozina		State	0347 Zip Code			
2155 Paulding Ave	City	Bronx		NY	10462			
Principal Occupation		Name of Employ	er	1 111	10402			
Manager			NAVAB					
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	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					
If yes, list Event # 11132016A Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
111020101								
Last Name	First	out.		MI	Contribution ID #			
Frroku	G:	Ciljeta		G	0348			
Residential Street Address 42 Pondfield Rd W	City	Bronxville		State NY	Zip Code 10708			
Principal Occupation		Name of Employ	er	1 111	10700			
Cashier		ACME						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amou	unt 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}	<u> </u>				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Gjergji	First	Fejzolli		IVII	0349			
Residential Street Address	City	. 0,20		State	Zip Code			
402 85th St		Brooklyn		NY	11209			
Principal Occupation		Name of Employ	er		!			
Electrician		GE Co	orp					
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? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		Sependent emit (x No	. [
government the contract is with:	Date	Received	Aggregate Contributions	\dashv				
an event reported in Section J1?			00.000.000.000.000					
If yes, list Event # 11132016A	11/	13/2016	\$350.00		\$350.00			

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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 January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mitaj		Alfred			0350				
Residential Street Address	City			State	Zip Code				
1516 Hawthorne St		Bronx		NY	10469				
Principal Occupation		Name of Employ	er						
owner		Fresc	o's Pizzeria						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		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 reported in Section 112	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Lelcaj		Arben			0351				
Residential Street Address	City			State	Zip Code				
18 E 199th St		Bronx		NY	10468				
Principal Occupation		Name of Employ	er						
Painter			ainting Corp						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes		nt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (<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						
X Record Charle									
If yes, list Event # 11132016A No San Service Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00				
Last Name	First			MI	Contribution ID #				
Mitaj		Fatbardha			0352				
Residential Street Address	City			State	Zip Code				
1516 Hawthorne St		Bronx Name of Employ		NY	10469				
Principal Occupation			and Cohen						
Practice Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	T Amor	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	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?									
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Rukaj		Patty			0353				
Residential Street Address	City			State	Zip Code				
25 Lake St		White Plains		NY	10603				
Principal Occupation		Name of Employ	er	-	•				
Book Keeper		Our L	ady of Shkodra						
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		acpendent child (or a roodyrst?						
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 31:		40/00:-			107F 05				
If yes, list Event # 11132016A No Cash Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I www.or.neno	D.T.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Markaj		Armando				0354
Residential Street Address	City	_			State	Zip Code
1912 Bogart Ave Principal Occupation	<u> </u>	Bronx Name of Employ			NY	10462
Cardivascular Tech		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	f a lobbyist?			
government the contract is with:	D-4-	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # 11132016A No Cash X Personal Check Money Order Credit/Debit Card	11/	13/2016	\$375.00			\$375.00
Last Name	First			$\overline{}$	MI	Contribution ID #
Lelcaj	First	Marin			IVII	0355
Residential Street Address	City	T Idilli		\dashv	State	Zip Code
9 Woodbine St		Yonkers			NY	10704
Principal Occupation	•	Name of Employ	er			
Superintendent		one te	en greenwich 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 government the contract is with:	~	dependent child of	f a lobbyist?			
Is this contribution associated with a superstant of the superstan	Date	Received	Aggregate Contributions	\neg		
No Cash X Personal Check	11/	13/2016	\$375.00			\$375.00
If yes, list Event # 11132016A						
Last Name	First				MI	Contribution ID #
Markaj		Ejell				0356
Residential Street Address	City	5			State	Zip Code
1912 Bogart Ave Principal Occupation	<u> </u>	Name of Employe			NY	10462
Porter			sneck Care			
				$\overline{}$	Amou	nt of Contribution
Yes A No	0	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in Section J1? I res No Cash X Personal Check If yes, list Event # 11132016A No No Cash Credit/Debit Card	11/	13/2016	\$375.00		:	\$375.00
Last Name	First				MI	Contribution ID #
Guxo	C'i	Artan		\longrightarrow	G	0357
Residential Street Address 2581 31st St	City	Astoria			State NY	Zip Code 11102
Principal Occupation	<u> </u>	Name of Employe	er		INI	11102
Electrician			Electric			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:] _{No}		
Is this contribution associated with an eventual in Section 112.	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31:						
If yes list Event # 11132016A \ \text{No} X Money Order Credit/Debit Card	11/	13/2016	\$25.00			\$25.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
		ii viduais		MI	Contribution ID#			
Last Name Kasalla	First	Arben		MI	Contribution ID # 0358			
Residential Street Address	City			State	Zip Code			
1544 River Rd		Edgewater		NJ	07020			
Principal Occupation		Name of Employ	er		•			
Bartender		Benja	m Steak House					
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 Executive Legislative			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 Method of contribution: X Personal Check								
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Mita Residential Street Address	City	Vua		Ct-t-	0359			
1730 Victor St	City	Duant		State	Zip Code			
Principal Occupation		Bronx Name of Employ	or	NY	10462			
Waiter		1 3	min Steak House					
		_	obbyist snouse or	Amo	unt of Contribution			
Yes X No)	dependent child of	v	es				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	0				
Is this contribution associated with X Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Veseli	11130	Valmir		, with	0360			
Residential Street Address	City			State	Zip Code			
1834 Home Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er		-			
Waiter		Benja	min Steak House					
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?	Amor	unt of Contribution			
If yes, indicate which branch or branches of 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: Method of contribution: A Personal Check								
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Tilaj	11130	Mikel		, with	0361			
Residential Street Address	City			State	Zip Code			
3115 Sedgwig Ave		Bronx		NY	10463			
Principal Occupation		Name of Employ	er	-	•			
Owner		Mike I	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?	Amor	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		,	x _N	0				
government the contract is with:	Date	Received	Aggregate Contributions	\dashv				
an event reported in Section J1?								
If yes, list Event # 11132016A	11/	13/2016	\$50.00		\$50.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Frroku		Leonard			0362				
Residential Street Address	City			State	Zip Code				
42 Pondfield Rd W	<u> </u>	Bronxville		NY	10708				
Principal Occupation		Name of Employ							
Electrician Is contributor a principal of a state contractor or prospective state contractor?			oay Corporation obbyist, spouse, or	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
	I			I					
Last Name	First	14 15		MI	Contribution ID #				
Jahjaga Residential Street Address	City	Kadire		State	0363 Zip Code				
614 Cresent Ave	City	Bronx		NY	10458				
Principal Occupation		Name of Employ	er	141	10430				
None		None							
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:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	l								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$300.00		\$300.00				
Last Name	First			MI	Contribution ID #				
Nikprelevic	1 1100	Elizabeta			0364				
Residential Street Address	City			State	Zip Code				
10 Addison Boyce Dr		New City		NY	10956-1261				
Principal Occupation		Name of Employ	er	-	•				
Owner		Tom 9	Shbe Bucy						
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:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Laca		Veronika			0365				
Residential Street Address	City			State	Zip Code				
66 W Gun Hill Rd		Bronx		NY	10467				
Principal Occupation Patient Care Assistant		Name of Employ	er tal For Special Surgery						
			abbreigt anguag or	Amor	unt of Contribution				
Yes X N	0	dependent child of	Vac	1					
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 71?									
If yes, list Event # 11132016A No Cash Credit/Debit Card	11/	13/2016	\$300.00		\$300.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original									
Luniaj Explote									
B. Itemized Contributions from Individuals									
Last Name	First				MI	Contribution ID #			
Ismailgeci		Gani				0366			
Residential Street Address	City	D			State	Zip Code			
307 E 239th St Principal Occupation		Bronx Name of Employ	or	!	NY	10470			
Handyman			one 89 street						
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		dependent child c	x	No					
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 11132016A No Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$350.00			\$350.00			
Last Name	First			I	MI	Contribution ID #			
Lumaj		Emilian				0367			
Residential Street Address	City				State	Zip Code			
1827 Tomlinson Ave		Bronx			NY	10461			
Principal Occupation		Name of Employ	er						
Manager			is Development						
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 government the contract is with:		acpendent emid e	x	No					
Is this contribution associated with The second of the se	Date	Received	Aggregate Contributions						
No Cash X Personal Check	11/	13/2016	\$350.00			\$350.00			
If yes, list Event # 11132016A									
Last Name	First				MI	Contribution ID #			
Jahaj		Astrit				0368			
Residential Street Address	City				State	Zip Code			
409 Jefferson St		Staten Island		!	NY	10312-2330			
Principal Occupation Waiter		Name of Employ Salina							
				1	Amou	nt of Contribution			
Yes A No)	dependent child of	n a loodyist.	Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	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 # 11132016A	11/	13/2016	\$200.00			\$200.00			
Last Name	First				MI	Contribution ID #			
Vushaj		Gjovalin				0369			
Residential Street Address	City				State	Zip Code			
2940 Grand Concourse		Bronx			NY	10458			
Principal Occupation		Name of Employ	er						
None Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or		Amou	nt of Contribution			
Yes X No)	dependent child of	of a lobbyist?						
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 # 11132016A No Cash Credit/Debit Card	11/	13/2016	\$200.00			\$200.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First				MI	Contribution ID #			
Osmanaj		Benard			_	0370			
Residential Street Address	City				State	Zip Code			
525 Larchmont Acres Principal Occupation		Name of Employe	or.		NY	10538-7341			
Broker			as Ellimau Real Estate						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo	obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x	No No					
government the contract is with:	Date	Received	Aggregate Contributions						
is this contribution associated with an event reported in Section J1?									
If yes, list Event # 11132016A	11/	13/2016	\$100.00			\$100.00			
Last Name	First				MI	Contribution ID #			
Dusi		Tom				0371			
Residential Street Address	City				State	Zip Code			
101-12 95th St		Ozone Paric			NY	11416-2538			
Principal Occupation		Name of Employe	er			•			
Info Tech		Study	Logic						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		асренает сппа о	x a loodyist:	No 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	11/	13/2016	\$200.00			\$200.00			
If yes, list Event # 11132016A									
Last Name	First				MI	Contribution ID #			
Skrelja		Sandar				0372			
Residential Street Address	City				State	Zip Code			
110 W 90th St		New York			NY	10024			
Principal Occupation Resident Manager		Name of Employe	er nbus Commen Condo						
				7 1	Amou	nt of Contribution			
Yes A No)	dependent child o	f 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 Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? I res No Cash X Personal Check If yes, list Event # 11132016A No No Cash Credit/Debit Card	11/	13/2016	\$300.00			\$300.00			
Last Name	First	- France			MI	Contribution ID #			
Cufo Residential Street Address	City	Ergys			State	0373 Zip Code			
2334 Boston Rd	City	Bronx			NY	10467			
Principal Occupation		Name of Employe	er						
Electrician		Bruni	Electric INc						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			•	No 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 # 11132016A No X Money Order Credit/Debit Card	11/	13/2016	\$25.00			\$25.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name Gjonaj	First	Rudina		MI	Contribution ID # 0374				
Residential Street Address	City			State	Zip Code				
21 Dunston Ave		Yonkers		NY	10701				
Principal Occupation		Name of Employ	er						
Homemaker		None Is contributor at	obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	of a lobbyist?	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 event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A	11/	15/2010	\$373.00		\$373.00				
Last Name	First			MI	Contribution ID #				
Haxhaj		Shpend			0375				
Residential Street Address	City			State	Zip Code				
740 5th St Principal Occupation	_	Lyndhurst		NJ	07071-3214				
Manager		Name of Employ ABM	ei						
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	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? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A	11/	13/2010	\$373.00		\$373.00				
Last Name	First			MI	Contribution ID #				
Nezaj		Adriatik			0376				
Residential Street Address	City			State	Zip Code				
24 Spruce St Principal Occupation		Fairview Name of Employ	or	NJ	07027				
General Contractor			ATE Development						
Is contributor a principal of a state contractor or prognective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	-						
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	11/	13/2016	\$350.00		\$350.00				
If yes, list Event # 11132016A	11/	13,2010	4330.00		+330.00				
Last Name	First			MI	Contribution ID #				
Gjekaj		Luce			0377				
Residential Street Address	City			State	Zip Code				
1288 Crosby Ave		Bronx Name of Employ	ou.	NY	10461				
Principal Occupation Housekeeper		Name of Employ None	ei						
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	0	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						
No Serious Reported in Section 3.1	11/	13/2016	\$100.00		\$100.00				
If you list Event # 11122016A Manay Order Condit/Debit Cond	1/	,	Ψ100.00	1	T-30.00				

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iividuais		МІ	Contribution ID#			
Last Name Pepaj	First	Violeta		MI	Contribution ID # 0378			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd		Bronx		NY	10461			
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	obbyist, spouse, or Gallabarieta		int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		аерепаені сппа с	x No					
government the contract is with:	Data	Received	Aggregate Contributions	-				
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A		-,	1	<u> </u>				
Last Name	First			MI	Contribution ID #			
Vuktilaj		Gjergj			0379			
Residential Street Address	City			State	Zip Code			
30 E Hartsdale Ave		Hartsdale		NY	10530			
Principal Occupation		Name of Employ	er	•				
Superintendent		West	Feire Property Managment					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or See Jahlania 2		nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	if a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes We want conserved in Section 112	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$300.00		\$300.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Durgaj		Paulin			0380			
Residential Street Address	City			State	Zip Code			
170 Nelson Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	er					
Owner		Durga	Properties	_				
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 government the contract is with: Executive Legislative		•	x No					
	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Zefi	1 1130	Geraldo			0381			
Residential Street Address	City			State	Zip Code			
1632 Parkview Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Owner		Geri Z	. Development					
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 Executive Legislative		acpendent child (x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date	20001700						
If yes, list Event # 11132016A	11/	13/2016	\$275.00		\$275.00			
If yes, list Event # 11132016A	i			1				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gjondrekaj		Simon			0382			
Residential Street Address	City			State	Zip Code			
684 E 189th St		Bronx		NY	10458			
Principal Occupation Cleaner		Name of Employ						
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Voc	1 111100	ant of Continuation			
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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00			
	I			l	La . i . p. "			
Last Name	First	Dada		MI	Contribution ID #			
Corri Residential Street Address	City	Dede		State	0383 Zip Code			
1819 Williamsbridge Rd	City	Bronx		NY	10461			
Principal Occupation		Name of Employ	er	<u> </u>	10.01			
Construction		Uilkjo	r Shllaku					
Is contributor a principal of a state contractor or prospective state contractor?								
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check		12/2016	+400.00		+100.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Brucaj		Ardjan			0384			
Residential Street Address	City			State	Zip Code			
1466 E Crofton Dr		Shelby Twp		MI	48315			
Principal Occupation		Name of Employ	er					
Owner		World	wide Mobile					
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?			1.99.18					
No Cash X Personal Check	11/	13/2016	\$370.00		\$370.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Skyu		Aleksander			0385			
Residential Street Address	City	_		State	Zip Code			
2621 Palisade Ave		Bronx		NY	10463			
Principal Occupation Property Manager		Name of Employ	^{er} chester Realty					
			-1.1	Amou	unt of Contribution			
Yes X 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
all event reported in Section 71?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pepaj		Leonard			0386				
Residential Street Address	City			State	Zip Code				
7328 Kennedy Blvd Apt 4	<u> </u>	North Berger		NJ	07047				
Principal Occupation		Name of Employ							
Supervisor Is contributor a principal of a state contractor or prospective state contractor?			ct Management 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	37	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	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
L AV	F: .			L	Louis B"				
Last Name	First	Zef		MI	Contribution ID #				
Redzaj Residential Street Address	City	Zei		State	Zip Code				
145 E 27th St	,	New York		NY	10016				
Principal Occupation		Name of Employ	er						
Maintance		Algin	MGMT						
Is contributor a principal of a state contractor or prospective state contractor?	of a state contractor or prospective state contractor? Yes X No decordant shill follow be in the state of the best and the state of th								
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 X Personal Check	11/	12/2016	#27F 00		±27F 00				
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Rakaj		Aleks			0388				
Residential Street Address	City			State	Zip Code				
95 Roosevelt Dr		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Manager		Feder							
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						
an event reported in Section J1?									
If yes, list Event # 11132016A	11/	13/2016	\$200.00		\$200.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Lumaj		Luk			0389				
Residential Street Address	City	Duant		State	Zip Code				
3050 Bainbridge Ave Principal Occupation		Bronx Name of Employ	or	NY	10467				
Painter			bas Hospital						
			-1.1	Amou	unt of Contribution				
Yes X No	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions]					
all event reported in Section 71?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00				

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	ii viuuii s		MI	Contribution ID#			
Last Name Gjoni	First	Fran		MI	Contribution ID # 0390			
Residential Street Address	City	11411		State	Zip Code			
1288 Crosby Ave	City	Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Owner		Konst	rokshen					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	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 A second reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions					
X Parsonal Chark								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00			
LadNama	First			MI	Contribution ID #			
Last Name Idrizi	FIISt	Leonard		IVII	0391			
Residential Street Address	City	Leonard		State	Zip Code			
900 Lydig Ave	City	Bronx		NY	10462			
Principal Occupation		Name of Employ	er	1	1			
Supervisor		Freed	om GC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	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 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00			
Lad Name	Pit	-		1 1/1	Contribution ID#			
Last Name	First	Tonin		MI	Contribution ID # 0392			
Pepaj Residential Street Address	City	TOTIIII		State	Zip Code			
7328 Kennedy Blvd Apt 4	City	North Berger	1	NJ	07047-4057			
Principal Occupation		Name of Employ		1				
Handyman		six ze	ro five 42nd Owner					
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)	dependent child 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 J1? Cash Personal Check								
If yes, list Event # 11132016A Cash Cash Personal Check No	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Thaqi	riist	Lorenc		IVII	0393			
Residential Street Address	City	Lorene		State	Zip Code			
50 First St		Yonkers		NY	10704			
Principal Occupation		Name of Employ	er		!			
Handyman		Level	Club					
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					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	1.,	12/2016	4275.00		¢275.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pepaj		Kristjane			0394				
Residential Street Address	City			State	Zip Code				
7328 Kennedy Blvd Apt 4		North Berger		NJ	07047-4057				
Principal Occupation		Name of Employ							
Unemployed Is contributor a principal of a state contractor or prospective state contractor?			ployed 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	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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
L AV	F: .			L	Louis B"				
Last Name	First	Fran		MI	Contribution ID #				
Peraj Residential Street Address	City	FIGII		State	Zip Code				
2333 Fenton Ave	,	Bronx		NY	10469				
Principal Occupation		Name of Employ	er	!					
Mechaic		NY Plo	umbing and Heating						
Is contributor a principal of a state contractor or prospective state contractor?	Amou	unt of Contribution							
If yes, indicate which branch or branches of	5	dependent child of	<u></u>						
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						
Cash X Personal Check	11/	12/2016	#27F 00		±27F 00				
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Tejovic		Suzanne			0396				
Residential Street Address	City			State	Zip Code				
59-16 Grove St		Queens		NY	11385				
Principal Occupation		Name of Employ	er						
Managment			Harris						
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						
an event reported in Section J1?									
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Lumaj		Vilson			0397				
Residential Street Address	City	D		State	Zip Code				
2314 Kingsland Ave Principal Occupation		Bronx Name of Employ	or	NY	10469				
Owner			nstruction Group						
			abbriet enauge or	Amou	unt of Contribution				
Yes X No	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00				

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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 January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Qeta		Lush			0398			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Handyman		Browi	n Harris Stivens					
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	Date	Received	Aggregate Contributions					
X Parsonal Chark								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
in yes, list Event in introduction in the control i	l			<u> </u>				
Last Name	First			MI	Contribution ID #			
Balidemaj		Beqir			0399			
Residential Street Address	City			State	Zip Code			
2275 Barker Ave		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Maintance			Management					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent cinia (<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 X Personal Check								
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
T. AV	Б			1	C C C D			
Last Name	First	Ci		MI	Contribution ID #			
Shabi Residential Street Address	City	Gjon		State	0400			
8408 107th St	City	Richmond Hi	Ш	NY	Zip Code 11418			
Principal Occupation		Name of Employ		INI	11410			
Porter			nen and Wliktiello					
			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
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?								
No Cash X Personal Check	11/	13/2016	\$370.00		\$370.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Corri		Drande			0401			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd		Bronx		NY	10461			
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 of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with: Executive Legislative	-			4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
		12/2016	1400.00		+100.00			
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Corri	Thist	Entoni		IVII	0402			
Residential Street Address	City	Littoiii		State	Zip Code			
1819 Williamsbridge Rd	City	Bronx		NY	10461			
Principal Occupation		Name of Employ	or.	INI	10401			
		1 7						
Waiter			on Lavista	A	nt of Contribution			
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		1	x No					
government the contract is with.	Date	Received	Aggregate Contributions	ł				
an event reported in Section J1?	Dute	recerved	1 1561 egate contributions					
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	11/.	13/2010	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
	First	Missad		IVII				
Jupolli Residential Street Address	City	Mirsad		State	0403 Zip Code			
	City	D			•			
2130 Williams Brg		Bronx		NY	10461			
Principal Occupation		Name of Employ						
Driver			ano Transport					
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 ennu (
government the contract is with: Executive Legislative								
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 J1? Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00			
					•			
Last Name	First			MI	Contribution ID #			
Gjura		Adelina			0404			
Residential Street Address	City			State	Zip Code			
66 W Gun Hill Rd Apt Bsmt		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Assistant		Techr	iservices					
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:			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 # 11132016A No Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00			
Last Name	First			MI	Contribution ID #			
Haxhaj		Gani			0405			
Residential Street Address	City			State	Zip Code			
2750 Laconia Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er					
concierge		two tv	wo four Mulberry Street Cond	do				
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 D 1G 1								
If yes, list Event # 11132016A No Acash Cash Personal Check	11/	13/2016	\$350.00		\$350.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Rodovic		Josip			0406			
Residential Street Address	City			State	Zip Code			
120 E 34th St		New York		NY	10016			
Principal Occupation		Name of Employ	er MGMT					
Building Manager Is contributor a principal of a state contractor or prospective state contractor?			44 1 4	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
	I			I				
Last Name	First			MI	Contribution ID #			
Shani Residential Street Address	City	Leonard		State	0407 Zip Code			
93 Silversmith Way	City	Taunton		MA	02790			
Principal Occupation		Name of Employ	er	11/4	1 02/30			
Mechanic Mechanic			Auto Repair					
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	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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	l							
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Permeti	1 1150	Etmond			0408			
Residential Street Address	City			State	Zip Code			
2106 74th St # 1F		Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er	-	•			
President		EP-Pa	inting					
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:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Sander		Lelcaj			0409			
Residential Street Address	City			State	Zip Code			
1671 Radcliff Ave		Bronx		NY	10462			
Principal Occupation Store Manager		Name of Employ	^{er} tina Wine					
			.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 # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00			

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	111144415		MI	Contribution ID #			
	First	Florian		IVII	0410			
Gjergji Residential Street Address	City	Tiorian		State	Zip Code			
126 Glover Ave	City	Yonkers		NY	10709			
Principal Occupation		Name of Employ	or.	INI	10709			
		1 ,						
Carpenter			obbyist, spouse, or	1 Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	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?			1.00.10					
No Sash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	11/	13, 2010	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Lumaj	1 1150	Tanya			0411			
Residential Street Address	City	Tallya		State	Zip Code			
424 Second Ave	City	Pelham		NY	10803			
Principal Occupation		Name of Employ	or .	INI	10003			
Student		Stude						
			obbyjet enouge or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliou	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 Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Rersonal Check	11/	12/2016	¢100.00		¢100.00			
If yes, list Event #	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zoneli	11130	Sazon		IVII	0412			
Residential Street Address	City	302011		State	Zip Code			
8721 Bayview Pkwy	City	Brooklyn		NY	11214			
Principal Occupation		Name of Employ	er		11211			
Security		THe N						
·			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of						
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?			20 10					
No In Provide Attacked to the No In	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	/	10, 2010	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Rakaj		Valentina			0413			
Residential Street Address	City	Valeritina		State	Zip Code			
7 Jefferson Pl	City	Mount Verno	n	NY	10550			
Principal Occupation	_	Name of Employ			10330			
None		None						
			obbyist, spouse, or	Amou	int 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:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	I/	,	7-10.00	I	-			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Loku	Thist	Valentin		IVII	0414			
Residential Street Address	City	7 0.0		State	Zip Code			
2 Windaway Rd		Danbury		CT	06810			
Principal Occupation		Name of Employ	er	1				
Maintenance		Maror	n Hotel					
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 Cosh Parsonal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
in yes, his Event # 11132010A Intolly Order Internet								
Last Name	First			MI	Contribution ID #			
Ademaj		Liljana			0415			
Residential Street Address	City			State	Zip Code			
326 Mt Lodge Rd		Monroe		NY	10950			
Principal Occupation		Name of Employ	er					
Manager		Lissus	Corp					
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 enna c	<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? X Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ahmetaj	~	ISA			0416			
Residential Street Address	City			State	Zip Code			
2058 Crugier Ave # A4		Bronx		NY	10462			
Principal Occupation		Name of Employ						
Porter Is contributor a principal of a state contractor or prospective state contractor?			evator	1 Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	,	dependent child of	V	Aillou	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?			1-80-18					
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event# 11132016A			7					
Last Name	First			MI	Contribution ID #			
Mirash		Mali			0417			
Residential Street Address	City			State	Zip Code			
416 Commack Rd		Commack		NY	11725			
Principal Occupation		Name of Employ	er	•				
CEO			Investments					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or for lobbyist? 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 31:								
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	I suprar prepar			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original						
Luniaj Explote						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Kacaj		Ardian				0418
Residential Street Address	City	_			State	Zip Code
2454 Troop Ave Principal Occupation		Name of Employe			NY	10469
Bartender			s Lounge			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child o	f a lobbyist?			
government the contract is with: Executive Legislative	-	D : 1	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	11/	13/2016	\$100.00			\$100.00
If yes, list Event # 11132016A	11/	13/2010	\$100.00			
Last Name	First			Τ	MI	Contribution ID #
Bikaj		Tonin				0419
Residential Street Address	City				State	Zip Code
21 Chapel Pl		Great Neck			NY	11021
Principal Occupation		Name of Employe				
Construction			Restoration			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	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?						
If yes, list Event # 11132016A No Solution	11/	13/2016	\$100.00		:	\$100.00
If yes, list Event # 11132016A						
Last Name	First				MI	Contribution ID #
Marashi		Ernest				0420
Residential Street Address	City				State	Zip Code
465 Broadway		Hastings On			NY	10706
Principal Occupation		Name of Employe				
Construction Is contributor a principal of a state contractor or prospective state contractor?			pbbyist, spouse, or		A mour	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		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 Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 11132016A No Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$100.00		:	\$100.00
Last Name	First			Т	MI	Contribution ID #
Lulaj		Llesu				0421
Residential Street Address	City				State	Zip Code
63 Splaiu Rd		Yonkers			NY	10710
Principal Occupation		Name of Employe	er			
Construction		Lulaj (Construction			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child o	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	140		
an event reported in Section J1?		,	566 Commoditions			
If yes, list Event # 11132016A No No Money Order Credit/Debit Card	11/:	13/2016	\$100.00		:	\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lumaj		Joklina			0422				
Residential Street Address	City			State	Zip Code				
1632 Parkview Ave		Bronx		NY	10461				
Principal Occupation Office Manager		Name of Employ							
			obbyist, spouse, or	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
				l					
Last Name	First	Liiba		MI	Contribution ID #				
Gjeresul Residential Street Address	City	Ljibo		State	0423 Zip Code				
57 Kuss Way	City	Brooklyn		NY	10605				
Principal Occupation		Name of Employ	er		1 2000				
Superintendent		Sreuy	,						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amount 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? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check		12/2016	+60.00		+60.00				
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/.	13/2016	\$60.00		\$60.00				
Last Name	First			MI	Contribution ID #				
Tushe		Banesh			0163				
Residential Street Address	City			State	Zip Code				
406 Seuel Ave		Cloverfield		NJ	07026				
Principal Occupation		Name of Employ	er						
Owner			Express Inc						
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 Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.99.18						
No No Personal Check	11/:	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Hoxha		Emiwano			0164				
Residential Street Address	City			State	Zip Code				
470 Thoma Ave		Lyndhurst		NJ	07071				
Principal Occupation Owner		Name of Employ	er ano Transport Inc						
			abbriet enouge or	Amou	ant 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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Permeti		Refaelo			0165				
Residential Street Address	City			State	Zip Code				
2106 74th St # 1F		Brooklyn		NY	11204				
Principal Occupation		Name of Employ							
Assistent Is contributor a principal of a state contractor or prospective state contractor?			Painting Inc 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	7 tinou	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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
				l					
Last Name	First	Muhamad		MI	Contribution ID #				
Deqani Residential Street Address	City	Muhamed		State	0166 Zip Code				
319 E 24th St	City	New York		NY	10010				
Principal Occupation		Name of Employ	er						
Assistant		ABM							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amount 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? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	11/	12/2016	±100.00		±100.00				
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dusevic		Pjetro			0167				
Residential Street Address	City			State	Zip Code				
2801 Lower Rdg		Rochester Hi	lls	MI	48307				
Principal Occupation		Name of Employ	er						
Cook		,	Diner						
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	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 11132016A No South Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Vukaj		Thrist		-	0168				
Residential Street Address	City	Duant		State	Zip Code				
1179 Crosby Ave Principal Occupation		Bronx Name of Employ	or	NY	10461				
Locksmith			Locksmith Corp						
Is contributor a principal of a state contractor or prospective state contractor?				Amou	unt of Contribution				
)	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						
all event reported in Section 31?									
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original						
Editing Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Pllumb		Martini			0169	
Residential Street Address	City	5		State	Zip Code	
3530 Henry Hudson Pkwy Principal Occupation		Name of Employe	or .	NY	10463	
Weldar		ED W				
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	if a lobbyist?			
government the contract is with:		D 1 1		0		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00	
If yes, list Event # 11132016A	11/	15/2010	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Kostandin		Permeti			0170	
Residential Street Address	City			State	Zip Code	
198-14 30th Ave		Flushing		NY	11358	
Principal Occupation		Name of Employ				
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?	es	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		•	x N	0		
government the contract is with:	Date	Received	Aggregate Contributions	_		
an event reported in Section J1?						
No No Personal Check	11/:	13/2016	\$100.00		\$100.00	
If yes, list Event # 11132016A						
Last Name	First			MI	Contribution ID #	
Life		Buzhigi			0171	
Residential Street Address	City			State	Zip Code	
85 Upland Rd		York Town H	-	NY	10598	
Principal Occupation		Name of Employe	er			
None Is contributor a principal of a state contractor or prognestive state contractor?		None Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		es	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	o		
Is this contribution associated with A second of the contribution is contribution in the contribution is contribution in the contribution in the contribution is contribution in the cont	Date	Received	Aggregate Contributions	7		
an event reported in section 31:						
If yes, list Event # 11132016A No Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Lelcaj		Moniola			0172	
Residential Street Address	City			State	Zip Code	
18 E 199th St # 3E		Bronx		NY	10468	
Principal Occupation		Name of Employ	er	-		
None		None				
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?	Amor	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		1	X N			
government the contract is with:	Date	Received	Aggregate Contributions	<u> </u>		
an event reported in Section J1?			30 -0 2 3			
If yes list Event # 11132016A	11/	13/2016	\$100.00		\$100.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tinaj		Dile			0173				
Residential Street Address	City			State	Zip Code				
2889 Bainbridge Ave Bsmt	L	Bronx		NY	10458				
Principal Occupation Housewife		Name of Employ House							
			11 1 ·	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 an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Tinaj	1 1150	Zoje			0174				
Residential Street Address	City			State	Zip Code				
2889 Bainbridge Ave Bsmt		Bronx		NY	10458				
Principal Occupation		Name of Employ	er	-	•				
Office Manager		Island	Musculoskeletor Care						
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	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna (
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	11/:	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Tinaj		Ladovik			0175				
Residential Street Address	City			State	Zip Code				
2889 Bainbridge Ave Bsmt	<u> </u>	Bronx		NY	10458				
Principal Occupation Assistant		Name of Employ	er ge Comfort and Sons						
			obbyist snouse or	Amou	ant of Contribution				
Yes A No	o	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						
All event reported in Section 71?									
If yes, list Event # 11132016A No No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Daha	1 1150	Gjovalin			0176				
Residential Street Address	City			State	Zip Code				
42 Pondfield Rd W		Bronxville		NY	10708				
Principal Occupation		Name of Employ	er	-					
Conrtruction			In Construction & Landscapin						
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		· F · · · · · · · · · · · · · · · · · ·	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			55 -5						
If yes, list Event # 11132016A No Solution No Solution No	11/	13/2016	\$100.00		\$100.00				

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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 January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Horti		Ervin			0177				
Residential Street Address	City			State	Zip Code				
42 Pondfield Rd W # 1G		Bronxville		NY	10708				
Principal Occupation		Name of Employ	er		•				
Painter		Barios	5						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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 71:									
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00				
in yes, list Event # 11132010A Money Order Credit/Debit Cald									
Last Name	First			MI	Contribution ID #				
Latin		Gjura			0178				
Residential Street Address	City			State	Zip Code				
66 W Gun Hill Rd Apt Bsmt		Bronx		NY	10467				
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	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 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
111020101				<u> </u>					
Last Name	First			MI	Contribution ID #				
Gjokaj		Fran			0179				
Residential Street Address	City			State	Zip Code				
499 N Broadway		White Plains		NY	10603				
Principal Occupation		Name of Employ	er						
Superintendent		Weed	gwood 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 labbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (of a foodyist:						
government the contract is with: Executive Legislative			x _{No}	1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # 11132016A Cash Personal Check No	11/	13/2016	\$100.00		\$100.00				
-				l	I				
Last Name	First			MI	Contribution ID #				
Nikolig	City	Vasel		Ct-t-	0180				
Residential Street Address 14 Glenville Dr	City	Coursel		State	Zip Code				
		Carmel	or.	NY	10512				
Principal Occupation Dishwasher		Name of Employ							
		_	obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	or 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?	Date								
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A	l **/	-0,2010	Ψ100.00	I	T-30100				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Rukaj		Zefleka			0181			
Residential Street Address	City			State	Zip Code			
14 Glenville Dr		Carmel		NY	10512			
Principal Occupation Owner		Name of Employ	er Family Restruant					
		_	obbyict chance or	Amou	unt of Contribution			
Yes X No	0	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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
L AV	Б: /			L	Louis B"			
Last Name Shkreti	First	Pashico		MI	Contribution ID # 0182			
Residential Street Address	City	Pasifico		State	Zip Code			
123 S Broadway Apt 5A		Irvington		NY	10533			
Principal Occupation		Name of Employ	er					
Personal Banker		Citi B	ank					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amount 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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Z Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	11/	15/2010	¥100.00					
Last Name	First			MI	Contribution ID #			
Tinaj		Petrit			0183			
Residential Street Address	City			State	Zip Code			
2889 Bainbridge Ave Bsmt		Bronx		NY	10458			
Principal Occupation		Name of Employ						
Carpenter			is Renovation					
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	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 expert spectred in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
All event reported in Section 31?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				I				
Last Name	First	Mautin		MI	Contribution ID #			
Shkreli Residential Street Address	City	Martin		State	0184 Zip Code			
301 Greenwich Rd	City	Bedford		NY	10506			
Principal Occupation		Name of Employ	er	!				
Owner		ALBO	Corp					
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 robbyist?					
government the contract is with: Executive Legislative	D.	D	X No					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Sash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	I -		,	I	•			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original		
Lumaj Explore					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Shkeli		Zefa			0185
Residential Street Address 20 Old Knollwood Rd	City	Elmonfo ud		State NY	Zip Code
20 Old Knollwood Kd Principal Occupation		Elmsford Name of Employ	or	INY	10523
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Yes X N If yes, indicate which branch or branches of	0	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					1100.00
If yes, list Event # 11132016A No Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Shkreli	1 1130	Deda		1411	0186
Residential Street Address	City			State	Zip Code
74 Tranquility Dr		Easton		СТ	06612
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		dependent child of			
government the contract is with: Executive Legislative	- D /	D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A	11/	15/2010	Ψ100.00		
Last Name	First			MI	Contribution ID #
Shkreli		Viktor			0187
Residential Street Address	City			State	Zip Code
46 Nosh Kola Ln	<u> </u>	Patterson		NJ	12563
Principal Occupation		Name of Employ			
Owner			o Realty		
Is contributor a principal of a state contractor or prospective state contractor?	0	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	1	
an event reported in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 11132016A No X Cash Personal Check No X Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
in yes, list Event # 11132010A Nioney Order					
Last Name	First			MI	Contribution ID #
Mashi		Mark			0188
Residential Street Address	City	D		State	Zip Code
3044 Valentine Ave Apt B4 Principal Occupation		Bronx Name of Employ	or	NY	10458
None		None	Ci		
			obbyist, spouse, 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: Executive Legislative			x _{No}		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
— X C I					
If yes, list Event # 11132016A No Cash Personal Check	11/	13/2016	\$100.00		\$100.00

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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			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mashi		Mimoza			0189				
Residential Street Address	City			State	Zip Code				
3044 Valentine Ave Apt B4	,	Bronx		NY	10458				
Principal Occupation		Name of Employ	er						
None		None							
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 # 11132016A	11/	13/2016	\$100.00		\$100.00				
in yes, list Evenit# 11132010A I Money Order Caud									
Last Name	First			MI	Contribution ID #				
Nolreu		Prend			0190				
Residential Street Address	City			State	Zip Code				
3044 Valentine Ave Apt B4		Bronx		NY	10458				
Principal Occupation		Name of Employ	er						
None		None							
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 A yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
-				· · · · · · · · · · · · · · · · · · ·					
Last Name	First			MI	Contribution ID #				
Puluka		Gisergj			0191				
Residential Street Address	City	N V I		State	Zip Code				
160 E 84th St Apt 2-G		New York		NY	10029				
Principal Occupation		Name of Employ	ા lwall Management						
Superintendent 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		Alliot	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?			80 10						
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A			,						
Last Name	First			MI	Contribution ID #				
Elezovic		Leka			0192				
Residential Street Address	City			State	Zip Code				
1 Rossiter Ave		Yonkers		NY	10701				
Principal Occupation		Name of Employ	er	•					
Doorman		Doug	ass Elliman						
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 # 11132016A	11/	13/2016	\$100.00		\$100.00				

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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			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Marku	1 1130	Gigste		1411	0193				
Residential Street Address	City	- Cigote		State	Zip Code				
215-5 Paulolimg Ave Apt 3A	City	Bronx		NY	10462				
Principal Occupation		Name of Employ	er		10102				
None		None							
			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:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$50.00		\$50.00				
in yes, list Evenit# 11132010A I Money Order Card									
Last Name	First			MI	Contribution ID #				
Marku		Luigi			0194				
Residential Street Address	City			State	Zip Code				
2155 Paulding Ave Apt 3A		Bronx		NY	10462				
Principal Occupation		Name of Employ	er						
None		None							
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 fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We would be seen in 12.	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Dedaj		Gjoka			0195				
Residential Street Address	City			State	Zip Code				
400 E 66th St		New York		NY	10065				
Principal Occupation		Name of Employ							
Superintendent		Ajgin							
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			X No						
government the contract is with:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A	11/	13/2010	\$100.00		ş100.00				
Last Name	First			MI	Contribution ID #				
Lola	1 1100	Gjokaj			0196				
Residential Street Address	City	Ојокај		State	Zip Code				
310 Lewis Ave		York Town H	eiahts	NY	10598				
Principal Occupation		Name of Employ	-						
Owner			Limo Service						
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	or a roodyrst?						
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:									
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kraja		Mirsao			0197			
Residential Street Address	City			State	Zip Code			
4330 48th Sunnyside		Queens		NY	11104			
Principal Occupation Worker		Name of Employ						
Worker Is contributor a principal of a state contractor or prospective state contractor?		Gent	11 1 ·	Amou	unt of Contribution			
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:			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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				l	La . i . p. "			
Last Name	First	Edlino		MI	Contribution ID #			
Pirani Residential Street Address	City	Edlira		State	0198 Zip Code			
6309 Bay Pkwy	City	Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er	<u> </u>	11201			
Unemployed		Unem	ployed					
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			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	.		4400.00		1100.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pirani		Gerti			0199			
Residential Street Address	City			State	Zip Code			
6309 Bay Pkwy		Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er					
President		GOP \	Vindows					
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	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?	Buie	10001100	1.66.06ate continuations					
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Coku		Zef			0200			
Residential Street Address	City			State	Zip Code			
153 Fifth Ave # 1C		Pelham		NY	10803			
Principal Occupation Retired		Name of Employ Retire						
			-11	Amor	unt of Contribution			
Yes X No)	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				
all event reported in Section 31?								
If yes, list Event # 11132016A No Season Creck Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			January 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name Hasal	First	Noah		MI	Contribution ID # 0201		
Residential Street Address	City			State	Zip Code		
Bronx 2830	L	Bronx		NY	10458		
Principal Occupation		Name of Employ	er				
Superintendent -		VES	-11	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	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				
X Cash Personal Check	l						
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Pllumaj		Gozmir			0202		
Residential Street Address	City			State	Zip Code		
1611 Neddlem Ave		Yonkers		NY	10703		
Principal Occupation		Name of Employ	er				
Worker			j Construction	1			
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		i	x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
Is this contribution associated with an event reported in Section J1?							
If yes, list Event # 11132016A No X Cash Personal Check Money Order Credit/Debit Card	11/:	13/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Lumaj		Jziden			0203		
Residential Street Address	City			State	Zip Code		
3066 Buhre Ave	Ļ.,	Bronx		NY	10461		
Principal Occupation		Name of Employ					
Waiter Is contributor a principal of a state contractor or prospective state contractor?			min Steak house obbyist, spouse, or	Amou	unt of Contribution		
Yes 🔼 N	o	dependent child of		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 X Voc Method of contribution:	Date	Received	Aggregate Contributions	1			
All event reported in Section 31?							
If yes, list Event # 11132016A No Cash Money Order Credit/Debit Card	11/:	13/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Brahimaj	1 1130	Talok		IVII	0204		
Residential Street Address	City			State	Zip Code		
2130 Williams Brg		Bronx		NY	10467		
Principal Occupation		Name of Employ	er	-			
Lissyss			Bronx				
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		1	x No				
government the contract is with.	Date	Received	Aggregate Contributions				
an event reported in Section J1?			-				
No N	11/	13/2016	\$100.00		\$100.00		

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shabi		Erdit			0205			
Residential Street Address	City			State	Zip Code			
4139 Wilshire Ln		Oakolule		NY	11769			
Principal Occupation		Name of Employ						
Superintendent Is contributor a principal of a state contractor or prospective state contractor?			Management obbyist, spouse, or	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				l				
Last Name	First	Mosio		MI	Contribution ID #			
Mirjan Residential Street Address	City	Mazia		State	0206 Zip Code			
2326 Wickham Ave	City	Bronx		NY	10469			
Principal Occupation		Name of Employ	er					
Maintance		EG Ho	okworks					
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Rersonal Check	11/	12/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ernest		Pjetki			0207			
Residential Street Address	City			State	Zip Code			
461 Central Park W # L1		New York		NY	10025			
Principal Occupation		Name of Employ	er					
Resident Manager		Acgin						
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? 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 # 11132016A No SX Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # III32010A I Money Order I Credit Debit Card								
Last Name	First			MI	Contribution ID #			
Berishaj		Ejlio		_	0208			
Residential Street Address 210 Riverside Dr # 1C	City	Now Vork		State NY	Zip Code 10025			
Principal Occupation		New York Name of Employ	er	INT	10025			
Resident Manager			eed Management					
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	a loodyist?					
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 31?								
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ademaj		Gezina			0209			
Residential Street Address	City			State	Zip Code			
326 Mt Lodge Rd		Monroe		NY	10950			
Principal Occupation		Name of Employ						
Mechanic Is contributor a principal of a state contractor or prospective state contractor?			S Corp 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	Aillot	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					
an event reported in Section J1?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
					1			
Last Name	First			MI	Contribution ID #			
Grishoj	O.	Petrit		a	0210			
Residential Street Address	City	Duant		State	Zip Code 10454			
700 E 134th St Apt 2A Principal Occupation		Bronx Name of Employ	or	NY	10454			
Tile Work			G Construction Inc					
			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 Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
T. AV	Б				Louis B"			
Last Name Ademaj	First	Saimir		MI	Contribution ID # 0211			
Residential Street Address	City	Janini		State	Zip Code			
42 Kennedy Dr	City	Monroe		NY	10950			
Principal Occupation		Name of Employ	er					
President		ALSA	Corp					
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	11/	12/2016	±100.00		±100.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ndreca		Leonard			0212			
Residential Street Address	City			State	Zip Code			
2363 Lyon Ave Apt 32		Bronx		NY	10462			
Principal Occupation		Name of Employ	er	•	•			
Superintendent		ALSA	CANS CORP					
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		acpendent enna (x No					
government the contract is with: Legislative Legislative Legislative	Б.	Pagain-1						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	l **/	-0,2010	Ψ100.00	I	T-30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original		
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Popaj		Katrina			0213
Residential Street Address	City			State	Zip Code
2109 Hone Ave		Bronx		NY	10461
Principal Occupation Worker		Name of Employ Aiole	er		
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	0	dependent child of	of a lobbyist?		
government the contract is with:	Data	Received			
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 11132016A No	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Popaj	First	Luce		IVII	0214
Residential Street Address	City	Lucc		State	Zip Code
2109 Hone Ave		Bronx		NY	10461
Principal Occupation	•	Name of Employ	er		•
Waiter		Boby	Vanse		
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 government the contract is with:		dependent child of	x No		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions		
No No Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event# 11132016A					
Last Name	First			MI	Contribution ID #
Delaj		Edvin			0215
Residential Street Address	City	_		State	Zip Code
2384 Hoffman St # 1B	<u> </u>	Bronx		NY	10458
Principal Occupation Employer		Name of Employ	er S Corp		
				Amou	ant of Contribution
Yes A N	0	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 # 11132016A No No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Коса		Fabio			0216
Residential Street Address	City			State	Zip Code
14 S Broadway	L	Irvington		NY	10533
Principal Occupation		Name of Employ			
Finance Manager			er Toyota	Amor	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	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 # 11132016A No	11/	13/2016	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I www.ornen	ODT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REP January 10 Filing - Ori			
• •						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Malaj		Rikard			_	0217
Residential Street Address	City	Falmulann			State	Zip Code
233 3rd St Principal Occupation		Name of Employe	or		NJ	07022
Painter			ainting			
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	if a lobbyist?			
government the contract is with:	Doto	Received		X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No X Cash Personal Check	11/	13/2016	\$100.00)		\$100.00
If yes, list Event # 11132016A						
Last Name	First				MI	Contribution ID #
Markyukay		Albert				0218
Residential Street Address	City	C D			State	Zip Code
29 Old Bedford Rd Principal Occupation		Golden Bridg Name of Employe			NY	10526
owner			ainting Restoration			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	$\neg \neg$	Amou	nt of Contribution
)	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			<u></u>	x No		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions			
X Cash Personal Check						
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00	,		\$100.00
Last Name	First				MI	Contribution ID #
Cascio		Michael				0219
Residential Street Address	City				State	Zip Code
3181 44th St		Astoria			NY	11103
Principal Occupation		Name of Employe				
Tax Accountant		CGS L				
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	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 A yes Method of contribution: Yes	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 11132016A No Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$100.00)		\$100.00
Last Name	First				MI	Contribution ID #
Arnutovic		Eldina				0220
Residential Street Address	City				State	Zip Code
3066 Buhre Ave		Bronx			NY	10461
Principal Occupation		Name of Employ				
Unemployed			ployed			
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	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?			50 0			
If yes, list Event # 111320164 No	11/	13/2016	\$100.00)		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cela		Bernard			0221				
Residential Street Address	City			State	Zip Code				
2157 63rd St		Brooklyn		NY	11204				
Principal Occupation		Name of Employ							
Handyman 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	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	1					
an event reported in Section J1?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
	l			1					
Last Name	First			MI	Contribution ID #				
Vukaj Residential Street Address	City	Eolvard		State	0222 Zip Code				
3066 Buhre Ave	City	Bronx		NY	10461				
Principal Occupation		Name of Employ	er	1 141	10401				
Owner			Painting						
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:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Oytetza	1 1150	Tovin			0223				
Residential Street Address	City			State	Zip Code				
41-07 Bowve St		Flushing		NY	11355				
Principal Occupation		Name of Employ	er	-	•				
Superintendent		Foxwo	bood						
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 Personal Check	11/:	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Gocaj		Musa			0224				
Residential Street Address	City			State	Zip Code				
7 Jefferson Pl		Mount Verno		NY	10550				
Principal Occupation		Name of Employ	er iew Deli						
Manager Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	unt of Contribution				
Yes X No)	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					
all event reported in Section 31?									
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vjka		Tome			0225				
Residential Street Address	City			State	Zip Code				
7 Jefferson Pl	<u> </u>	Mount Verno		NY	10550				
Principal Occupation		Name of Employ							
None Is contributor a principal of a state contractor or prospective state contractor?			Construction obbyist, spouse, or	Amou	ant 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?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
	I			l	La . i . p. "				
Last Name	First	Francoido		MI	Contribution ID #				
Demaliaj Residential Street Address	City	Erguseida		State	0226 Zip Code				
37-50 37th St	City	Flushing		NY	11368				
Principal Occupation		Name of Employ	er	<u> </u>	111000				
Assistant Administrtive		Bizzi	and Partners						
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	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		12/2016	+400.00		+100.00				
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Landi		Xhavara			0227				
Residential Street Address	City			State	Zip Code				
8 Orhard Trl		Monroe		NY	10950				
Principal Occupation		Name of Employ	er						
Owner		LXH (
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		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	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Milkurti		Lijftim			0228				
Residential Street Address	City			State	Zip Code				
1910 Hobart		Bronx		NY	10461				
Principal Occupation Plumber		Name of Employ							
			ce Plumbing obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of		Aillot	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 an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Xhuljo		Toma			0229				
Residential Street Address	City			State	Zip Code				
2621 Palisade Ave		Bronx		NY	10463				
Principal Occupation Employee		Name of Employ	er Construction						
			11.14	Amou	ant of Contribution				
Yes X No)	dependent child of	Vac	111100	ant of Continuation				
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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
L AV	г				Louis B"				
Last Name Braho	First	Ismail		MI	Contribution ID # 0230				
Residential Street Address	City	Isiliali		State	Zip Code				
1828 Pilgrim Ave		Bronx		NY	10461				
Principal Occupation		Name of Employ	er						
Painter		Gotha	ım Painting						
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	11/	12/2016	±100.00		±100.00				
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fation		Gjoka			0231				
Residential Street Address	City			State	Zip Code				
2621 Palisade Ave		Bronx		NY	10463				
Principal Occupation		Name of Employ	er						
Employer		•	Construction						
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 Executive Legislative		F	x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 11132016A No South Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Uljie		Ulja		-	0232				
Residential Street Address	City	Dwamy		State	Zip Code				
2168 Hoive Ave Principal Occupation		Name of Employ	or	NY	10461				
Painter		Ulja U							
			.11	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Popaj	First	Genci		MI	Contribution ID # 0233			
Residential Street Address	City			State	Zip Code			
90 Knightsbridge Rd # 2J	L	Great Neck		NY	11021			
Principal Occupation		Name of Employ						
President Is contributor a principal of a state contractor or prospective state contractor?			estoration obbyist, spouse, or	Amor	unt of Contribution			
Yes X N	О	dependent child of	of a lobbyist?	Amot	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 J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pali	1 1130	Lan		1411	0234			
Residential Street Address	City			State	Zip Code			
1803 Mahan Ave Apt 4		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
investment Analyst			tive Monerary Management					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	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 an expert concreted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 11132016A No No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Deriishi		Robert			0235			
Residential Street Address	City			State	Zip Code			
1632 Parkview Ave	<u>. </u>	Bronx		NY	10461			
Principal Occupation Supervisor		Name of Employ	^{er} onstruction					
Is contributor a principal of a state contractor or presentative state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
Yes 🔼 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 an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Section 17:	11/	12/2016	¢100.00		¢100.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/.	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Popaj		Kole			0236			
Residential Street Address	City			State	Zip Code			
2109 Hone Ave	L,	Bronx		NY	10461			
Principal Occupation Porter		Name of Employ						
		Brosk Is contributor a l	abbriet enouge or	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: Executive Legislative			x _{No}					
Is this contribution associated with X You Method of contribution:	Date	Received	Aggregate Contributions]				
All event reported in Section 31?								
No No Noney Order Credit/Debit Cord	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			January 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name Mulak	First	Fatjon		MI	Contribution ID # 0237		
Residential Street Address	City	-		State	Zip Code		
2045 Holland Ave		Bronx		NY	10462		
Principal Occupation		Name of Employ	er				
Operations			Universal				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	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:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # 11132016A	11/:	13/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Parubi	l list	Paulin		1411	0238		
Residential Street Address	City			State	Zip Code		
3794 Ettman St		Shrub Oak		NY	10588		
Principal Occupation		Name of Employ	er	•			
Contractor		Josep	h General Construction	-			
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		dependent child c					
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				
If yes, list Event # 11132016A No XX Cash Personal Check Money Order Credit/Debit Card	11/:	13/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Ademaj		Edra			0239		
Residential Street Address	City			State	Zip Code		
42 Kennedy Dr	L	Monroe		NY	10950		
Principal Occupation		Name of Employ					
Accountant Is contributor a principal of a state contractor or prospective state contractor?			CANS CORP obbyist, spouse, or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		7 tinot	in or 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 of in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions				
All event reported in Section 31?							
If yes, list Event # 11132016A No Cash Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Avdullahai		Sami			0240		
Residential Street Address	City			State	Zip Code		
1819 Williamsbridge Rd	L	Bronx		NY	10469		
Principal Occupation Cleaner		Name of Employ ABM	er				
			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	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	11/	13/2016	\$100.00		\$100.00		
If you list Eyent # 11122016A INO Manay Order Credit/Debit Cord	1 +1/	17/2010	φ100.00	I	Ψ100.00		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore B. Itemized Contributions from Individuals Last Name Gega Pashko City Pashko City Principal Occupation None State Constroicsion Is contributor a principal of a state contractor or prospective state contractor? Is contribution a principal of a state contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 11132016A NAME OF REPORT January 10 Filing - Original MII Contribution ID # Pashko O241 City Bronx Name of Employer Constroicsion Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00
B. Itemized Contributions from Individuals Last Name
Last Name Gega Pashko City Bronx Ny 10467 Principal Occupation None 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 MI Contribution ID # 0241 Contribution ID # 0241 No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Date Received Aggregate Contributions \$100.00
Residential Street Address City T35 Pelham Pkwy Bronx Ny 10467 Principal Occupation None Constroicsion Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of avovernment the contract is with: Is this contribution associated with an event reported in Section J1? Pashko O241 State Zip Code Non Name of Employer Constroicsion Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Date Received Aggregate Contributions \$100.00
Residential Street Address 735 Pelham Pkwy Bronx Name of Employer Constroicsion 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? City Bronx Name of Employer Constroicsion Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Date Received Aggregate Contributions \$100.00
Principal Occupation None Secontributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist? X No Yes X No Is contributor a lobbyist? X No Is contribution a lobbyist? X No Is contribution a lobbyist? X No Is contribution X N
Principal Occupation None Constroicsion 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 Constroicsion Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Date Received Aggregate Contributions \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions
None Constroicsion
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? Yes On Is contributor a lobbyist. Yes On Is contributor a lobbyist? Yes On Is contributor a lobbyist. Yes On Is contributor a lobby
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 Date Received Aggregate Contributions Personal Check 11/13/2016 \$100.00
government the contract is with: Is this contribution associated with an event reported in Section J1? No No No No No No No No No N
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions X Yes
X Cash Personal Check 11/13/2016 \$100.00 \$100.00
□ No □ □ □ □ 11/13/2016 □ \$100.00 □ \$100.00
Last Name First MI Contribution ID #
Gjergji Florian 0242 Residential Street Address City State Zip Code
Residential Street Address City State Zip Code Yonkers NY 10704
Principal Occupation Name of Employer
Drywaller Gotham Drywall Inc
dependent child of a lobbyist?
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with X Voc Method of contribution: Date Received Aggregate Contributions
an event reported in Section J1? X Cash Personal Check
If yes, list Event # 11132016A No Money Order Credit/Debit Card 11/13/2016 \$100.00 \$100.00
Last Name First MI Contribution ID # Tolaj Paolo 0243
Residential Street Address City State Zip Code
37-50 97th St Flushing NY 11368
Principal Occupation Name of Employer
Window Installer ALBA Windows
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Yes Amount of Contribution Yes X No Is contributor a lobbyist, spouse, or Yes Yes
dependent entra et a toboyist.
government the contract is with: Legislative Legislative
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions
Y Cash Personal Check
If yes, list Event # 11132016A No Money Order Credit/Debit Card 11/13/2016 \$100.00 \$100.00
Last Name First MI Contribution ID #
Kalici Besjana 0244
Residential Street Address City State Zip Code
15 Marita Dr Waterbury CT 06705
Principal Occupation Name of Employer
Assistant Teacher YMCA Waterbury
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 # 11132016A

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from								
Last Name	First			MI	Contribution ID #			
Kalici		Isa			0245			
Residential Street Address	City			State	Zip Code			
15 Marita Dr		Waterbury		СТ	06705			
Principal Occupation		Name of Employ						
Housing Manager Is contributor a principal of a state contractor or prospective state contractor?			ncent Depaul obbyist, spouse, or	Amou	unt 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:			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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$50.00		\$50.00			
Last Name	First	A.C. 121		MI	Contribution ID #			
Kacupaj Residential Street Address	City	Aferdita		State	0246 Zip Code			
2052 Bay Ridge Ave # 3F	City	Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er	141	11204			
Editor in Chief		Votra						
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					
x Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gjini	1 1100	Anjeze			0247			
Residential Street Address	City			State	Zip Code			
1858 Colden Ave # 3		Bronx		NY	10462			
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 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	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Ahmetaj		Alban			0248			
Residential Street Address	City			State	Zip Code			
2058 Crugier Ave # A4		Bronx		NY	10462			
Principal Occupation		Name of Employ						
Unemployed Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	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 an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31?								
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00			

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Lumaj	First	Aoledina		MI	0249			
Residential Street Address	City			State	Zip Code			
3066 Buhre Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Student		Stude	ent					
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 Executive Legislative		dependent child of	x No					
government the conduct is with.	Date	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	received	riggregate contributions					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
in yes, his Event # 11132010A I Money Order I eledio Deort Card								
Last Name	First			MI	Contribution ID #			
Erlon		Kola			0250			
Residential Street Address	City			State	Zip Code			
2431 Fish Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er					
Waiter		Rober	to's					
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	at a lobbyist?					
government the contract is with.	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Ruci		Ardiorn			0251			
Residential Street Address	City			State	Zip Code			
1450 Bay Ridge Pkwy		Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er					
President		Aron	Windows and Doors					
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		1	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
LadNers	r.		-	\n	Contain to The "			
Last Name	First			MI	Contribution ID #			
Malaj	City	Ndue		C+-+-	0252			
Residential Street Address 2975 Marion Ave	City	Df Dark		State NY	Zip Code			
Principal Occupation		Bf Park Name of Employ	er	1 1 1	12458			
Porter			Qytetzos					
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: 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 # 11132016A Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Lumaj		Fiona			0253			
Residential Street Address	City			State	Zip Code			
3066 Buhre Ave		Bronx		NY	10462			
Principal Occupation None		Name of Employ None	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac	7111100	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?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First	-		MI	Contribution ID #			
Lumaj	FIISt	Grel		IVII	0254			
Residential Street Address	City	Orci		State	Zip Code			
3066 Buhre Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er		1			
Construction		twent	y one sixty nine 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 foodyist?					
government the contract is with: Executive Legislative		n : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Rash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A		13,2010	\$100.00					
Last Name	First			MI	Contribution ID #			
Pejaj		Bardhok			0255			
Residential Street Address	City			State	Zip Code			
90 Holmes Ave		Harstdale		NY	10520			
Principal Occupation		Name of Employ						
carpenter Is contributor a principal of a state contractor or prospective state contractor?			ontractor obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		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 expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
All event reported in Section 71?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pejaj	FIISt	Nikoll		IVII	0256			
Residential Street Address	City	TTIKOII		State	Zip Code			
2333 Fenton Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er		•			
carpenter		Bily C	ontractor					
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	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (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	ROCCIVOL	Assiegate Contitutions					
No No No Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	I			1				

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuui 5		MI	Contribution ID #			
Vushaj	FIISt	gjcrgj		IVII	0257			
Residential Street Address	City			State	Zip Code			
20 Sczore Pl		Yonkers		NY	10704			
Principal Occupation		Name of Employ	er					
Superintendent		tewnt	y score place	_				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	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 Executive Legislative		aepenaent enna e	x _{No}					
government the conduct is with.	Date	Received	Aggregate Contributions	•				
an event reported in Section J1?			20 10					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rexho		Nazif			0258			
Residential Street Address	City			State	Zip Code			
2565 Bronxwood Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ						
Cleaner		Harva						
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		dependent enna e	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
If yes, list Event # 11132016A No Solution No Solution No	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Rexho		Megi			0259			
Residential Street Address	City			State	Zip Code			
2565 Bronxwood Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er					
Human Resources		Mullig	an Security Corp					
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	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	1				
an event reported in Section 31:								
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
rexho	FIISt	aida		IVII	0260			
Residential Street Address	City	alua		State	Zip Code			
2565 Bronxwood Ave	City	Bronx		NY	10469			
Principal Occupation		Name of Employ	er		10403			
Home Care		Bronx						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	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 112	Date	Received	Aggregate Contributions					
The section of the se								
If yes, list Event # 11132016A Cash Personal Check No	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, , , , , , , , , , , , , , , , , , , 	Audii /X-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Popaj		Lek			0261			
Residential Street Address	City			State	Zip Code			
101 Mountain Yellhem St		Ridgefield Pa	rk	NJ	07660			
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	obbyist, spouse, or		nt of Contribution			
)	dependent child of	f 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 # 11132016A	11/:	13/2016	\$100.00		\$100.00			
in yes, list Event # 11132010A Money Order Credit/Debit Cald				<u> </u>				
Last Name	First			MI	Contribution ID #			
Luanaj		Raimonda			0262			
Residential Street Address	City			State	Zip Code			
213 Taaffe Pl		Brooklyn		NY	11295			
Principal Occupation		Name of Employ	er					
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Grantshaving Yes		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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
111020101					-			
Last Name	First			MI	Contribution ID #			
Gjakaj		Vincens			0263			
Residential Street Address	City			State	Zip Code			
Paulding Ave APT 5A		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
Construction		Conti	nental Construction					
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 c	i 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					
_ llxl a l l n lal l								
If yes, list Event # 11132016A Cash Personal Check No	11/	13/2016	\$100.00		\$100.00			
LadVana	First			MI	Ct-ib-ti ID#			
Last Name	FIISt	Vriction		IVII	Contribution ID # 0264			
Kazaj Residential Street Address	City	Kristjan		State	Zip Code			
Paulding Ave APT 5A	City	Bronx		NY	10462			
Principal Occupation	L	Name of Employ	or .	INI	10402			
Painter			nental Construction					
			obbyist, spouse, or	Amou	int 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}					
	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check								
No No Tollow Enter	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	ı			1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5.		TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Veshtaj		Marjan			0265			
Residential Street Address	City			State	Zip Code			
Nelson Ave		New York		NY	10583			
Principal Occupation		Name of Employ	er	•	•			
Painter		SAJO	Painting					
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	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
□ No □ □	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Gutaj		Florian			0266			
Residential Street Address	City			State	Zip Code			
205 Laze		Bronx		NY	10469			
Principal Occupation		Name of Employ	er		•			
Painter		Conti	nental Construction					
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	,	dependent child of	of a fobbyist?					
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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
in you, in the result in the r								
Last Name	First			MI	Contribution ID #			
Kalaj		Aleksander			0267			
Residential Street Address	City			State	Zip Code			
35 McKinley Ave Apt Gf		Hawthorne		NY	01506			
Principal Occupation		Name of Employ	er					
Construction		Conti	nental 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		dependent child c	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					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
-					l			
Last Name	First			MI	Contribution ID #			
Predlicaj		Albert		_	0268			
Residential Street Address	City			State	Zip Code			
1854 Colden Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ						
Painter Is contributor a principal of a state contractor or prospective state contractor?			nn Renovdation	A	unt of Contribution			
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	unt of Contribution			
If yes, indicate which branch or branches of agovernment the contract is with: Executive Legislative			x No					
government the contract is with.	Data	Received	Aggregate Contributions	1				
an event reported in Section J1? Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	++/	13/2016	\$100.00		φ±00.00			

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuui 5		MI	Contribution ID #			
Mdoci	FIISt	Agron		IVII	0269			
Residential Street Address	City			State	Zip Code			
4 First St		Saceiri		NY	01870			
Principal Occupation		Name of Employ						
Cook		Niks [
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 X Vos Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # 11132016A Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kalaj		Marinel			0270			
Residential Street Address	City			State	Zip Code			
2121 Paulding Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ	er	•				
Mechanical		NY Plu	umbing and Heating					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Grantshaving Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
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	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Kalaj		Bruno			0271			
Residential Street Address	City			State	Zip Code			
2121 Paulding Ave		Bronx		NY	10462			
Principal Occupation Plumber		Name of Employ						
			umbing and Heating obbyist, spouse, or	Amou	unt of Contribution			
Yes A No)	dependent child of		111100	and of Commodition			
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]				
— X C I								
If yes, list Event # 11132016A Solution No Cash Cash Personal Check No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pepaj		Mondolena			0272			
Residential Street Address	City			State	Zip Code			
7328 Kennedy Blvd Apt 4		North Berger	l	NJ	07047			
Principal Occupation		Name of Employ	er					
Housewife		None						
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 If a lobbyist? Yes	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	1				
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check								
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from								
Last Name	First			MI	Contribution ID #			
Dukaj		Vjollce			0273			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd	<u> </u>	Bronx		NY	10461			
Principal Occupation		Name of Employ						
Unemployed Is contributor a principal of a state contractor or prospective state contractor?			ployed 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 exert reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
	l			I				
Last Name	First			MI	Contribution ID #			
Goana	a:	Betim		G: :	0274			
Residential Street Address	City	Duant		State	Zip Code			
1731 Paulding Ave Principal Occupation		Bronx Name of Employ	or	NY	10467			
Worker			ruction					
			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:			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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
[l	Laurin			
Last Name Pemati	First	Francesk		MI	Contribution ID # 0275			
Residential Street Address	City	Trancesk		State	Zip Code			
2455 Cruger Ave	City	Bronx		NY	10461			
Principal Occupation	!	Name of Employ	er					
Owner		Konst	rukshea					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	n		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 Personal Check	11/	12/2016	\$100.00		¢100.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Nikolli		Anton			0276			
Residential Street Address	City			State	Zip Code			
2155 Paulding Ave Apt 3A		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
construction			Construction					
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?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		pem emid (
government the contract is with:	Data	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date							
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	Ι΄.		·	I				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Letmer		Frangaj			0277			
Residential Street Address	City			State	Zip Code			
690 E 139th St		Bronx		NY	10458			
Principal Occupation		Name of Employ T and						
Tileman Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amou	unt of Contribution			
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:			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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				l				
Last Name	First	F www. D		MI	Contribution ID #			
Camaj Residential Street Address	City	Erma		State	0278 Zip Code			
121 E 37th St	City	New York		NY	10024			
Principal Occupation		Name of Employ	er	<u> </u>	1 1002 .			
Unemployed		Unem	ployed					
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		12/2016	+50.00		+50.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Sinani		Rezarta			0279			
Residential Street Address	City			State	Zip Code			
2522 Steinway St		Astoria		NY	11103			
Principal Occupation		Name of Employ	er					
Unemployed			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 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?			1.00.10.10					
No No Personal Check	11/	13/2016	\$50.00		\$50.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Prelaj		Artan			0280			
Residential Street Address	City			State	Zip Code			
154 S Plank		New York		NY	12550			
Principal Occupation Pizzaman		Name of Employ	er s Pizza					
			-1.1	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 X Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
all event reported in Section 31?								
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from								
Last Name	First			MI	Contribution ID #			
Nalaj		Nikolin			0281			
Residential Street Address	City			State	Zip Code			
2746 Bainbridge Ave		Bronx		NY	10458			
Principal Occupation Worker		Name of Employ	^{er} COnstruction					
			11.14	Amou	unt of Contribution			
Yes X No)	dependent child of	37					
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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
L AV	г			L	Louis B"			
Last Name	First	Monol		MI	Contribution ID #			
Frangaj Residential Street Address	City	MOHOI		State	Zip Code			
4385 Virco Ave		Bronx		NY	10470			
Principal Occupation		Name of Employ	er	!				
Grocery		ABN						
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	11/	12/2016	±100.00		±100.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/.	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zetolla		Anthony			0283			
Residential Street Address	City			State	Zip Code			
3189 Tlennec Pl		Bronx		NY	10465			
Principal Occupation		Name of Employ	er					
GF			Maintenance					
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	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 # 11132016A No X Cash Personal Check Oredit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Kadiu	City	Albi		Ct-t-	0284			
Residential Street Address 145-95 Street	City	Brooklyn		State NY	Zip Code 11209			
Principal Occupation	_	Name of Employ	er	141	111203			
Owner		Kajdi						
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? Method of contribution: Yes	Date	Received	Aggregate Contributions					
— IXI Code I Province Charles		12/2016	#100.00		¢100.00			
If yes, list Event # 11132016A No San Service Cash Servic	11/	13/2016	\$100.00		\$100.00			

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
xhaho		Raimondi			0285			
Residential Street Address	City			State	Zip Code			
1515 W 10th St	,	Brooklyn		NY	11209			
Principal Occupation		Name of Employ	er					
Painter		GG Pa	ainting					
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 # 11132016A Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
in yes, its Event in introduction in interest of the interest	l							
Last Name	First			MI	Contribution ID #			
Abdiaj		Edmond			0286			
Residential Street Address	City			State	Zip Code			
1315 W 1st St		Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er					
Painter		Kejoli	Corp					
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? X Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
				· · · · · · · · · · · · · · · · · · ·				
Last Name	First			MI	Contribution ID #			
Kovcini		Anolrea			0287			
Residential Street Address	City	D 11		State	Zip Code			
185 Ave 68th Apt 4		Brooklyn		NY	11024			
Principal Occupation		Name of Employ						
Construction Is contributor a principal of a state contractor or prospective state contractor?			ı Pateine	1 Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	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	ŀ				
an event reported in Section J1?			1.00.10					
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event# 11132016A			7					
Last Name	First			MI	Contribution ID #			
Janko		Jlir			0288			
Residential Street Address	City			State	Zip Code			
82 Gelsten Ave		Brooklyn		NY	11203			
Principal Occupation		Name of Employ	er					
Construction		Fox g	ompeuri					
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 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 # 11132016A Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore January 10 Filing - Original								
Luniaj Explote								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bujaj		Aleksander			0289			
Residential Street Address	City	D		State	Zip Code			
4200 Herkimer Plc Principal Occupation		Name of Employe	or .	NY	10470			
Owner			Construction					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Amo Yes	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e		No				
government the contract is with: Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 11132016A Solution In No Cash Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lumaj		Kol			0290			
Residential Street Address	City			State	Zip Code			
1862 Curting Ave		Bronx		NY	10461			
Principal Occupation		Name of Employe	er					
Retired		Retire		-1				
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	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			· –	No				
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check		12/2016	+400.00		+100.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kacupaj		Brahim			0291			
Residential Street Address	City			State	Zip Code			
213 Taaffe Pl		Brooklyn		NY	11205			
Principal Occupation Cleaner		Name of Employe Kejdi						
				Amo	unt of Contribution			
Yes A No)	dependent child of	f a lobbyist?	Yes	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			X 1	No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
kacupaj	First	Lutfija		WII	0292			
Residential Street Address	City			State	Zip Code			
213 Taaffe Pl		Brooklyn		NY	11205			
Principal Occupation		Name of Employ	er	•				
Cleaner		Kejdi	Corp					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	Yes	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 Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes list Event # 11132016A Solution If yes list Event # 11132016A Solution If yes list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			

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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			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gjergji		Pjeriw			0293			
Residential Street Address	City			State	Zip Code			
367 Barway Dr		York Town H	eights	NY	10598			
Principal Occupation		Name of Employ	er	-	•			
Painter		Conti	nental Construction					
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 foodylst?					
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		42/2046	+400.00		+400.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bulaj	First	Sokol		IVII	0294			
Residential Street Address	City	JUKUI		State	Zip Code			
24 Broadway	City	Sherley		NY	11967			
Principal Occupation		Name of Employ	er		11307			
Construction			rse Roof					
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? 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					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # 11132016A No Season Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
in yes, list Event # ITT32010A Money Order Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Qetta		Prend			0295			
Residential Street Address	City			State	Zip Code			
45 Niagara St		Waterbury		СТ	06705			
Principal Occupation		Name of Employ						
Packer		Macys						
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 Executive Legislative		1	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	11/	13/2016	\$50.00		\$50.00			
If yes, list Event # 11132016A			7					
Last Name	First			MI	Contribution ID #			
Dashi		Kitairdie			0296			
Residential Street Address	City			State	Zip Code			
2445 Hering Ave		Bronx		NY	10465			
Principal Occupation		Name of Employ	er	-	•			
Manager		Parkv	iew Deli					
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		acpendent ennu (x No					
government the contract is with: Executive Legislative	Б.	<u> </u>						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	11/	13/2016	#E0 00		¢50.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	l 11/	13/2016	\$50.00		\$50.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dashi		Mikelinq			0297			
Residential Street Address	City			State	Zip Code			
2445 Hering Ave	L	Bronx		NY	10465			
Principal Occupation Paralegal		Name of Employ	^{er} Office of peter Lumaj					
			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 # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bujaj	1 1130	Eduard		IVII	0298			
Residential Street Address	City	2444.4		State	Zip Code			
4200 Herkimer Plc		Bronx		NY	10470			
Principal Occupation	•	Name of Employ	er	,	•			
Worker		Peraj	COnstruction					
Is contributor a principal of a state contractor or prospective state contractor?	o	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						
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	11/:	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A			,					
Last Name	First			MI	Contribution ID #			
Cekaj		Elvis			0299			
Residential Street Address	City			State	Zip Code			
2954 Valentine Ave	<u> </u>	Bronx		NY	10458			
Principal Occupation Plumber		Name of Employ	^{er} Plumbing					
			obbyist spouse or	Amor	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 X Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mitaj		Petrit			0300			
Residential Street Address	City			State	Zip Code			
2954 Valentine Ave		Bronx		NY	10458			
Principal Occupation		Name of Employ	er					
Worker			Communication					
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		1	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 11132016A No SX Cash Personal Check Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5 (ection A-1)	TAME OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original								
Lumaj Explore								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
cekaj		erjon			0301			
Residential Street Address	City			State	Zip Code			
2954 Valentine Ave		Bronx		NY	10458			
Principal Occupation		Name of Employ	er					
Worker		TMS F	Plumbing					
			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	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 apported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	Ĺ	•	·		·			
Last Name	First			MI	Contribution ID #			
Kadiu		Valentina			0302			
Residential Street Address	City	Valeritina		State	Zip Code			
145-95 Street	City	Brooklyn		NY	11209			
Principal Occupation		Brooklyn Name of Employ	24	INI	11209			
Owner		Kejdi	-					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or a lobbyist?	Amou	nt of Contribution			
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					
X Cosh Personal Cheek								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
_				<u> </u>				
Last Name	First			MI	Contribution ID #			
Cosovic		Arslan			0424			
Residential Street Address	City			State	Zip Code			
2725 Marion Ave		Bronx		NY	10458			
Principal Occupation		Name of Employ	er	-				
Superintendent		AEE M	lanaagement					
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 J1?								
x No Cash Personal Check	11/2	23/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Alajhi		Burun			0467			
Residential Street Address	City	20.0		State	Zip Code			
12 Pecoho Rd	City	Lake Peekski	II	NY	10537			
Principal Occupation		Name of Employ		I	10337			
Manager Is contributor a principal of a state contractor or prospective state contractor?			ant Valley Pizza	A	nt of Contribution			
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	in or Commounton			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative	Б	D						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #	11/2	25/2016	\$100.00		\$100.00			

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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 January 10 Filing - Original					
Lumaj Explore								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Gjini		Franc			0439			
Residential Street Address	City			State	Zip Code			
1858 Coldwn Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
CEO		one 6	6 Williams bridge corp					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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	Voc					
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 No Cash X Personal Check	11/	25/2016	\$375.00		\$375.00			
If yes, list Event #	/	20, 2010	φ373.00					
Last Name	First			MI	Contribution ID #			
Domi	1 1100	Ylli			0436			
Residential Street Address	City	1111		State	Zip Code			
	City	Charley		NY	11967			
24 Broadway		Sherley		INT	11967			
Principal Occupation		Name of Employ						
Manager			rsal Roofing Corp					
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	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e	<u> </u>					
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? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	11/	26/2016	\$375.00		\$375.00			
,								
Last Name	First			MI	Contribution ID #			
Djolaj		Agron			0433			
Residential Street Address	City			State	Zip Code			
192 Murray Ave		Yonkers		NY	10704			
Principal Occupation		Name of Employ	er					
Nurse		Monte	efiore					
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 followist:					
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?								
× No	11/	26/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Nacaj		Gjovalin			0473			
Residential Street Address	City			State	Zip Code			
2025 Paulding Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ	er		10.02			
General Contractor			nos Corp					
			abbyist spays 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 111100				
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:	Dota	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	11/	27/2016	#200 00		¢200.00			
If yes, list Event #	11/	27/2016	\$200.00		\$200.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Lumaj Explore								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Krcic		Katrena			0435			
Residential Street Address	City			State	Zip Code			
2064 Barnes Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ	er	!				
Bookkeeper		BNC I	insurance					
		Is contributor a l	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	Vac					
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 J1?								
X No Cash X Personal Check	11/	28/2016	\$300.00		\$300.00			
If yes, list Event #		-	·					
Last Name	First			MI	Contribution ID #			
Domi		Artan			0459			
Residential Street Address	City	7.1. Carr		State	Zip Code			
2 Gulf Ln	City	Coram		NY	11727			
Principal Occupation		Name of Employ	or	INI	11727			
		1 7						
President			rsal Roofing	1	unt of Contribution			
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	Amot	int 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? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	11/	28/2016	\$375.00		\$375.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Vulaj		Djerdj			0460			
Residential Street Address	City			State	Zip Code			
1055 Esplanade Ave		Bronx		NY	10462			
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	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 Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
X No Cash X Personal Check	11/	28/2016	\$100.00		\$100.00			
If yes, list Event #		-						
Last Name	First			MI	Contribution ID #			
Vukhilaj		Ilmi			0463			
Residential Street Address	City	2		State	Zip Code			
534 Morris Park Ave	City	Bronx		NY	10460			
Principal Occupation		Name of Employ	er	1 141	1 10-100			
Porter		UDR (
			obbyjet enouse or	Amor	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amot	in of Controution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	Б.	D : 1		4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x a n		20/20: -			100.05			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	28/2016	\$20.00		\$20.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Lumaj		Vasel			0464			
Residential Street Address	City			State	Zip Code			
1827 Tomlinson Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er Instruction					
Owner Is contributor a principal of a state contractor or prospective state contractor?			11 1 ·	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:			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	11/	28/2016	\$100.00		\$100.00			
				l				
Last Name	First	Cam		MI	Contribution ID #			
Musovic Residential Street Address	City	Sam		State	0465 Zip Code			
2233 Arthur Ave	City	Bronx		NY	10458			
Principal Occupation		Name of Employ	er		10.50			
Owner		Birska	a Inc					
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? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	11/	20/2016	±100.00		±100.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/.	28/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Djonovic		Frank			0456			
Residential Street Address	City			State	Zip Code			
2324 Boston Rd Apt 5B		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Property Manager			management					
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 Executive Legislative		F	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 Cash Regresonal Check								
No The case of the	11/	28/2016	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Smakaj		Tauland			0457			
Residential Street Address	City	D		State	Zip Code			
2145 Matthews Ave Principal Occupation		Name of Employ	or	NY	10467			
Painter			ım painting					
			-11	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 Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	11/	28/2016	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Lumaj Explore								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gjonaj		Paul			0462			
Residential Street Address	City			State	Zip Code			
1515 McDonald St		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	•				
Realtor		MPR F	Realty					
			obbyist spouse or	Amou	ınt 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}					
Table 19 at 10 to	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash X Personal Check	11/	29/2016	\$200.00		\$200.00			
If yes, list Event #	/		Ψ200.00					
Last Name	First			MI	Contribution ID #			
Shkreli	1 1100	Elvane		1,111	0492			
Residential Street Address	City	Livaile		State	Zip Code			
	City	Labanan			17046			
500 Weavertown Rd		Lebanon		PA	17046			
Principal Occupation		Name of Employ						
Leasing professional			iates 500 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? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e	<u> </u>					
government the contract is with:			x _{No}	1				
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	11/	30/2016	\$375.00		\$375.00			
,								
Last Name	First			MI	Contribution ID #			
Shkreli		Leonard			0493			
Residential Street Address	City			State	Zip Code			
500 Weavertown Rd		Lebanon		PA	17046			
Principal Occupation		Name of Employ	er	-				
Manager		Assoc	iates 500 LLC					
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	1				
an event reported in Section J1?								
× No	11/	30/2016	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Kodra		Landi			0458			
Residential Street Address	City			State	Zip Code			
1429 Gillespie Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er		10.01			
President			Kitchen					
			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	Voc	100				
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:	Dota	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	received	Asgregate Contributions					
X No Cash X Personal Check	11/	20/2016	#200 00		¢200 00			
If yes, list Event # Money Order Credit/Debit Card	_{11/} .	30/2016	\$200.00		\$200.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF DEPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Dekaj		Illirjada			0308			
Residential Street Address	City			State	Zip Code			
126 First St		Yonkers		NY	10704			
Principal Occupation		Name of Employ	er					
unemployed			ployed					
			obbyist spouse or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	711100	an or commount			
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 Cash Personal Check	11/	30/2016	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card	11/	30,2010	ψ373.00		ψ373.00			
Last Name	First			MI	Contribution ID #			
Gjonaj	1 1130	Vinny			0309			
Residential Street Address	City	Vinny		Ct-t-				
	City			State	Zip Code			
224 Bennett Ave		Yonkers		NY	10701			
Principal Occupation		Name of Employ						
Manager			Management	,				
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 (_					
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 #	11/	30/2016	\$300.00		\$300.00			
Noney order								
Last Name	First			MI	Contribution ID #			
Ademaj		Hasan			0466			
Residential Street Address	City			State	Zip Code			
8 Rogers Ln		York Town H	eights	NY	10598			
Principal Occupation		Name of Employ	er	•				
Manager		Bella	Pizza inc					
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: 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 Personal Check	12/	01/2016	\$100.00		\$100.00			
If yes, list Event #		-,	7		T			
Last Name	First			MI	Contribution ID #			
Pekic	1 1100	Lilyanna			0472			
Residential Street Address	City	Liiyaiiiia		State	Zip Code			
	City	Dunny			-			
2114 Hone Ave		Bronx Name of Employ	or.	NY	10461			
Principal Occupation		Name of Employ						
Assistant			nblyman, Mark Gjonaj					
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	unt of Contribution			
If yes, indicate which branch or branches of		,	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					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	01/2016	\$375.00		\$375.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original					
Lumaj Explore								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Dervishi		Fatos			0479			
Residential Street Address	City			State	Zip Code			
57 Young Ave		Pelham		NY	10803			
Principal Occupation		Name of Employ	er					
Attorney			shi Law Group					
			obbyjet enouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Vac	711100	nt of continuation			
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?			1.00.10					
X No Cash X Personal Check	12/	01/2016	\$375.00		\$375.00			
If yes, list Event # Money Order Credit/Debit Card	12/\	31/2010	\$373.00		\$373.00			
Last Name	First			MI	Contribution ID #			
	riist	1-1-		IVII				
lleshgegaj	o:	Jola		G	0482			
Residential Street Address	City			State	Zip Code			
735 Pelham Pkwy N	L	Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
APM		MKG						
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 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No T	12/0	02/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Gjini		Paulin			0478			
Residential Street Address	City			State	Zip Code			
2888 E 194th St		Bronx		NY	10461			
Principal Occupation		Name of Employ	er		10.01			
Owner			Home Remodeling					
			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		711100	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:	Dete	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		22/2016	+275.00		+275 00			
If yes, list Event # Money Order Credit/Debit Card	12/0	02/2016	\$375.00		\$375.00			
-								
Last Name	First			MI	Contribution ID #			
Ndoj		Maksim			0475			
Residential Street Address	City			State	Zip Code			
601 McLean Ave		Yonkers		NY	10705			
Principal Occupation		Name of Employ	er					
Dental Resident		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 foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	1							
If yes, list Event # Cash Annual Check Money Order Credit/Debit Card	12/0	02/2016	\$150.00		\$150.00			
ii yes, nsi evenii # Li wioney Order Li Credit/Debit Card	i			i				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Fundo		Ilirjan			0476
Residential Street Address	City			State	Zip Code
179 Marcus Ave		New Hyde Pa		NY	11040
Principal Occupation Consultant		Name of Employ Fundo	er Group Inc		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	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 Cash Personal Check Money Order Credit/Debit Card	12/	02/2016	\$160.00		\$160.00
Last Name	First			MI	Contribution ID #
 Maracaj		Kin			0470
Residential Street Address	City			State	Zip Code
830 Throngs Neck Expy		Bronx		NY	10465
Principal Occupation		Name of Employ	er	-	•
Owner			Bano 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 Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	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 Credit/Debit Card	12/	02/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Girouard		Kirsten			0471
Residential Street Address	City			State	Zip Code
6 Winding Brook Rd	<u> </u>	Bristol		СТ	06010
Principal Occupation		Name of Employ			
Office Manager			Martin Real Estate		
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:	l				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	12/	02/2016	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Preljvukic		Haljil			0485
Residential Street Address	City			State	Zip Code
243 McQueen Pkwy		Mount Verno	n	NY	10550
Principal Occupation		Name of Employ			
Owner			ra Commerce		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a li 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	1	
an event reported in Section J1?					
X No Cash X Personal Check If yes list Event # Card Order Credit/Debit Card	12/	02/2016	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF PERONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore January 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hizmo		Dritan			0486			
Residential Street Address	City			State	Zip Code			
2500 Johnson Ave		Bronx		NY	10463			
Principal Occupation		Name of Employ	er					
Paralegal		Dervi	shi law Group					
			obbyjet enouge or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
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 x Personal Check	12/	02/2016	\$375.00		\$375.00			
If yes, list Event #	/	02,2020	Ψ575.00					
Last Name	First			MI	Contribution ID #			
	1 1130	Conc			0487			
Lakaj Residential Street Address	City	Genc		State	Zip Code			
	City	C			1			
109 Hilburn Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ						
President			G Construction Corp					
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 child (<u> </u>					
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 # Cash Cash Personal Check Money Order Credit/Debit Card	12/	02/2016	\$200.00		\$200.00			
Last Name	First			MI	Contribution ID #			
Staka		Zina			0474			
Residential Street Address	City			State	Zip Code			
2502 Barnes Ave		Bronx		NY	10467			
Principal Occupation		Name of Employ	er	•				
House Keeping		ABM						
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 Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash X Personal Check	12/	03/2016	\$150.00		\$150.00			
If yes, list Event #		•			•			
Last Name	First			MI	Contribution ID #			
Tinaj		Emauel			0468			
Residential Street Address	City	Emadei		State	Zip Code			
2566 Radcliff Ave	City	Bronx		NY	10469			
		Name of Employ	ON.	INI	10409			
Principal Occupation								
Carpenter In contributor a principal of a state contractor or proposative state contractor?			ing Buddies Corp		unt of Contailersi			
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: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event #	12/	03/2016	\$100.00		\$100.00			

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A MONEMARY DE OFFICE	0 (0	A T			
I. MONETARY RECEIPT	2 (20	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Korci		Fitore			0469
Residential Street Address	City			State	Zip Code
128 Westley St		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er		
CNA			e Nursing Home		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amor	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V.		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Tat (9.6 1) 1 M	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No X Cash Personal Check	12/	03/2016	\$100.00		\$100.00
If yes, list Event #			4		
Last Name	First			MI	Contribution ID #
	1 1130	Nush		1411	0477
Gjolaj Residential Street Address	Cit	INUSII		Ct-t-	
	City	_		State	Zip Code
6545 Broadway	L	Bronx		NY	10471
Principal Occupation		Name of Employ			
President			Star Construction		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye		ant 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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No T	12/	03/2016	\$200.00		\$200.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Staka		Gjok			0483
Residential Street Address	City			State	Zip Code
2502 Barnes Ave		Bronx		NY	10467
Principal Occupation		Name of Employ	or	1	10107
Carpenter			and F. Construction		
•				Amo	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbjist, spouse, or	S	int of Contribution
If yes, indicate which branch or branches of		1	x No		
government the contract is with:	-			<u>'</u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Credit/Debit Card	12/	03/2016	\$150.00		\$150.00
	I				
Last Name	First			MI	Contribution ID #
Gjolaj		Leze			0484
Residential Street Address	City			State	Zip Code
6545 Broadway		Bronx		NY	10471
Principal Occupation		Name of Employ	er		-
Tech Care		Bellev	rue Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution
		dependent child of	or a robbyist?		
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	7	
an event reported in Section J1?					
X No Cash X Personal Check	12/	03/2016	\$375.00		\$375.00
If yes, list Event # Money Order	l ´		1	1	•

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPO January 10 Filing - Orig			
Lumaj Explore			January 10 1 ming - Ong	,iii ai		
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Cacaj		Maria				0480
Residential Street Address	City	Na. Vasl			State	Zip Code
875 W End Ave Principal Occupation		New York Name of Employ	or		NY	10025
Floor manager		ABA	ei			
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 of	x a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_ No		
an event reported in Section J1?	Date	Received	riggiogate Contributions			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	12/	03/2016	\$350.00			\$350.00
Last Name	First				MI	Contribution ID #
Frangaj		Gjergj				0481
Residential Street Address	City	-3- 33			State	Zip Code
917 Mace Ave		Bronx			NY	10469
Principal Occupation		Name of Employ	er			
President		GF Ge	eneral Construction			
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 No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No Cash X Personal Check	12/	03/2016	\$375.00			\$375.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Miller		Patrick				0494
Residential Street Address	City				State	Zip Code
24 Lakeview Dr		Wolcott			СТ	06716
Principal Occupation Trainer		Name of Employ	of Connecticut			
				, 	Amou	nt of Contribution
Yes 🔼 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 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	12/	07/2016	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Miller		Brandon				0495
Residential Street Address	City				State	Zip Code
226 Andrews Rd		Wolcott			СТ	06716
Principal Occupation		Name of Employ				
Resident Care Is contributor a principal of a state contractor or prospective state contractor?		Oak F	abbreigt angues or	,	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	· ·			
If yes, indicate which branch or branches of government the contract is with:			x	No No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes list Event # Credit/Debit Card	12/	07/2016	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Lumaj Explore			Juneary 10 1 ming Chight			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Nezaj		Roland				0310
Residential Street Address	City	5.11			State	Zip Code
130 Second Ave	L	Pelham			NY	10806
Principal Occupation Managing Partner		Name of Employ Stara				
Is contributor a principal of a state contractor or prospective state contractor?			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: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	12/0	07/2016	\$375.00			\$375.00
Last Name	First				MI	Contribution ID #
Kilduff		Joseph				0510
Residential Street Address	City			\dashv	State	Zip Code
31 Prospect St		Terryville			СТ	06786
Principal Occupation	-	Name of Employ	er	-		
Tax Collector		Town	of Plymouth			
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 government the contract is with:		dependent child of	Ta lobbyist?			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No	12/0	08/2016	\$100.00			\$100.00
If yes, list Event #				L		-
Last Name	First				MI	Contribution ID #
Reilly		Anne			S	0505
Residential Street Address	City				State	Zip Code
153 Shllmeadow Ln	<u> </u>	Kensington		$oldsymbol{\bot}$	СТ	06037
Principal Occupation		Name of Employ				
Homemaker Is contributor a principal of a state contractor or prospective state contractor?			maker obbyist, spouse, or	\neg	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		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 J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # X No	12/0	08/2016	\$50.00			\$50.00
Last Name	First			$\overline{}$	MI	Contribution ID #
Turner	First	Nary Ann			IVII	0498
Residential Street Address	City	ivary Aim		-+	State	Zip Code
7 Meadow Rd		Enfield			СТ	06082
Principal Occupation	•	Name of Employ	er			
Owner		Projec	ts Unlimited			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amour	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 Vos Method of contribution:	Date	Received	Aggregate Contributions	\Box		
an event reported in Section 31?						
If yes list Event # Cash Credit/Debit Card	12/0	09/2016	\$50.00			\$50.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original				
Lumaj Explore January 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Redzepagic		Sulejman			0490		
Residential Street Address	City			State	Zip Code		
53 W 186th St	<u> </u>	New York	ON .	NY	10033		
Principal Occupation Name of Employer Superintendent Harry Hurich Corp							
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 Executive Legislative		dependent child of	x No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł			
an event reported in Section J1?			1.99.18				
If yes, list Event #	12/0	09/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Policki		Cynthia			0491		
Residential Street Address	City	<u> </u>		State	Zip Code		
40 Regency Ct		Bristol		СТ	06010		
Principal Occupation		Name of Employ	er				
Business Development			Technologies Corp				
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	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 Voc Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? X No	12/	11/2016	\$200.00		\$200.00		
				<u> </u>	1		
Last Name Treichel	First	Thomas		MI N	Contribution ID # 0488		
Residential Street Address	City	THOMAS		State	Zip Code		
17 Regency Ct		Bristol		СТ	06010		
Principal Occupation		Name of Employe	er	1	1		
Installer		The W	/indow Shop				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	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 government the contract is with: Executive Legislative		aepenaent enna e	x _{No}				
Is this contribution associated with on 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	12/	11/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Brummett		Thomas		N	0489		
Residential Street Address	City			State	Zip Code		
518 Westminster Rd	L	Canterbury		СТ	06331		
Principal Occupation		Name of Employ					
Driver			ıs Hospital				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}	1			
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 X Cash Personal Check If yes, list Event # Credit/Debit Card	12/	12/2016	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original		
Lumaj Explore			Junuary 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Betts		George			0503
Residential Street Address	City			State	Zip Code
1924 Perkins St		Bristol		СТ	06010
Principal Occupation Legislator		Name of Employer State	of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?	3	
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 Rersonal Check		10/0016	4400.00		
If yes, list Event #	12/	12/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Garabedian		Michelle		D	0504
Residential Street Address	City			State	Zip Code
54 Horn Rd		Windham		СТ	06280
Principal Occupation		Name of Employe	er	-	•
Manager		TD Ba	nk	_	
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 Executive Legislative		dependent child 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?			1-88: -8		
X No Cash X Personal Check	12/	12/2016	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Mann		Peter		В	0506
Residential Street Address	City			State	Zip Code
125 Valentine Rd		Pomfret Cent		СТ	06259
Principal Occupation		Name of Employ			
Owner		Mante Is contributor a l		Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child o	37	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 Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Credit/Debit Card	12/	12/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rapini	riist	Dominic		IVII	0499
Residential Street Address	City	Dominic		State	Zip Code
4 Mariners Way		Branford		СТ	06405
Principal Occupation		Name of Employe	er		
National Account Sales		Apple	Inc		
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	x No		
government the contract is with:	Det	Pagaiya4		-	
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	12/	13/2016	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card	l í		•	1	

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I. MONETARY RECEIPT	S (S	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original				
Lumaj Explore			January 101 lilling - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Martin		Henry			0508		
Residential Street Address	City			State	Zip Code		
7 Ipswitch Rd		Bristol		СТ	06010		
Principal Occupation Real Estate broker Real Estate broker Henri martin real estate							
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 government the contract is with: Executive Legislative		dependent ennu (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 Credit/Debit Card	12/	15/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Galvin		Timothy			0502		
Residential Street Address	City			State	Zip Code		
95 Richmond Glen Dr		Cheshire		СТ	06410		
Principal Occupation		Name of Employ	er				
Financial Advisor			n Financial				
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		dependent enna (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 Cash Personal Check Money Order Credit/Debit Card	12/	15/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Weber		Patricia			0511		
Residential Street Address	City			State	Zip Code		
5 Pinehurst Rd		Bristol		СТ	06010		
Principal Occupation		Name of Employ	er				
None		none	11 1 · ·				
Is contributor a principal of a state contractor or prospective state contractor? Yes X 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: Executive Legislative			x _{No}				
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in section 31:							
If yes, list Event # Cash A Personal Check Money Order Credit/Debit Card	12/	15/2016	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Maxwell		Matthew			0512		
Residential Street Address	City			State	Zip Code		
27 Chipmunk Trl		Sandy Hook		СТ	06482		
Principal Occupation		Name of Employ					
Real Estate investor			Lars LLC	 			
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 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?			55 -5				
X No	12/	16/2016	\$250.00		\$250.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR January 10 Filing - Origina					
Lumaj Explore			June 10 1 ming 10 ming					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First				MI	Contribution ID #		
Bate		Jane		_	R	0509		
Residential Street Address	City	6 1 11			State	Zip Code		
454 Riverside Dr		Cheshire		<u>_</u>	СТ	06410-1813		
Principal Occupation Name of Employer Musician Capo Music Service								
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amour	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	if a lobbyist?					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	No				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash No Cash No No No No Noney Order Credit/Debit Card	12/	16/2016	\$100.00		ç	\$100.00		
Last Name	First			一	MI	Contribution ID #		
Meccariello	First	Gennaro			IVII	0507		
Residential Street Address	City	Germaro		+	State	Zip Code		
33 Hazelwood Dr		Southington			СТ	06489		
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amour	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	if a lobbyist?	No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv				
an event reported in Section J1? X No Cash Personal Check	12/	16/2016	\$50.00			\$50.00		
If yes, list Event #		·						
Last Name	First				MI	Contribution ID #		
Lackey		Kathryn		\perp		0496		
Residential Street Address	City				State	Zip Code		
226 Andrews Rd		Wolcott			СТ	06716		
Principal Occupation Hair Stylist		Name of Employ	er uttery, Ratner Co					
				$\neg r$	Amour	nt of Contribution		
Yes A No)	dependent child of	f 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 J1? X No	12/	16/2016	\$100.00		:	\$100.00		
				\Rightarrow				
Last Name	First				MI	Contribution ID #		
Houston	C'i	John			E	0497		
Residential Street Address 193 Newbury St	City	Waterbury			State CT	Zip Code 06705		
Principal Occupation		Name of Employe	er		CI	00703		
Unemployed			ployed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or If a lobbyist?	Yes	Amour	nt 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	\neg				
an event reported in Section 31?								
If yes list Event # Cash Credit/Debit Card	12/	17/2016	\$25.00			\$25.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Lumaj Explore			June 19 10 1 ming 19 19 11			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Mustali		Sali				0513
Residential Street Address	City				State	Zip Code
1636 Wendle Way		Palm Harbor Name of Employe			FL	34685
Principal Occupation Owner		1 7	ustali LLC			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	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 Personal Check Money Order X Credit/Debit Card	12/	19/2016	\$375.00		:	\$375.00
Last Name	First				MI	Contribution ID #
Cleary		Eileen				0500
Residential Street Address	City			\neg	State	Zip Code
108 Mad River Rd		Wolcott			СТ	06716
Principal Occupation		Name of Employe	er			
Educator		Wolco	tt Health Systems			
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: Executive Legislative		dependent child o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	12/	20/2016	\$100.00			\$100.00
If yes, list Event #		,				
Last Name	First				MI	Contribution ID #
Cleary		Dennis			Н	0501
Residential Street Address	City				State	Zip Code
108 Mad River Rd		Wolcott			СТ	06716
Principal Occupation Consulant		Name of Employe				
			bbyist, spouse, or		Amou	nt of Contribution
Yes A No)	dependent child of	f a lobbyist?	Yes	111104	ar or commodute.
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? Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	12/	20/2016	\$100.00			\$100.00
I ov	Б) II	C (I C ID)
Last Name Carrier	First	Francine			MI	Contribution ID # 0514
Residential Street Address	City	Trancine		\dashv	State	Zip Code
19 Winston Ct	City	Bristol			CT	06010
Principal Occupation		Name of Employe	er			
Assistant Manager		Carrie	r Group			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or if a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		,,	•	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 No	12/	21/2016	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original		
Lumaj Explore			Juniary 10 1 ming Chighlan		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Carrier		Jack			0515
Residential Street Address	City			State	Zip Code
19 Winston Ct	<u> </u>	Name of Employe		СТ	06010
Principal Occupation Developer			er Group		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x N	lo.	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			1.99.19		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	12/	21/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ives		Robert			0518
Residential Street Address	City			State	Zip Code
12 Turnberry Ct		Plantsville		СТ	06479
Principal Occupation		Name of Employe	er		•
Energy Consultant		Evers	ource Energy		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		аеренаен сина о	x N	lo	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section J1? X No Cash Personal Check	12/	22/2016	\$200.00		\$200.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Spirollari		Adrian			0516
Residential Street Address	City			State	Zip Code
444 79th St	<u> </u>	Brooklyn		NY	11209
Principal Occupation		Name of Employ			
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			ffice of Adrian Spirollari	Amo	unt of Contribution
Yes A No	0	dependent child o		es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x N	io	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	12/	24/2016	\$375.00		\$375.00
Lad Nove	First			MI	Contribution ID #
Last Name Weber	FIISt	Georgina		IVII	0517
Residential Street Address	City	Georgina		State	Zip Code
40 Lupine St		Wallingford		CT	06492
Principal Occupation		Name of Employ	er	-	
Director of Clinical		Wilson	n Therapitics		
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 Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	io	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	12/	25/2016	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I was or benow			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore			January 101 mily 2 mgm			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Lorenc		Hisa				0519
Residential Street Address	City				State	Zip Code
1134 Interlaken Ave		Ocean Name of Employe			NJ	07712
Principal Occupation Manager		Manag				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		Amow	nt of Contribution
If yes, indicate which branch or branches of)	dependent child of	f 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 X Cash Personal Check	12/	29/2016	\$100.00			\$100.00
If yes, list Event # 12292016A	12/	29/2010	\$100.00			ş100.00
Last Name	First			Т	MI	Contribution ID #
Duraj		Alfouse				0520
Residential Street Address	City				State	Zip Code
1134 Interlaken Ave		Ocean			NJ	07712
Principal Occupation		Name of Employ	er			
Unemployed			ployed			
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	Amoui	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?						
If yes, list Event # 12292016A No Solution No	12/	29/2016	\$100.00		:	\$100.00
If yes, list Event # 12292016A						
Last Name	First				MI	Contribution ID #
Duraj		Stiliano				0521
Residential Street Address	City	•			State	Zip Code
1134 Interlaken Ave Principal Occupation		Ocean Name of Employe	or.	!	NJ	07712
Manager		Manag				
-				T	Amou	nt of Contribution
Yes 🔼 No)	dependent child of	i u ioooyist:	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			
an event reported in section 31:						
If yes, list Event # 12292016A Cash Personal Check No	12/	29/2016	\$100.00			\$100.00
Last Name	First			i	MI	Contribution ID #
Nevila	1 1130	Hysa				0522
Residential Street Address	City	,			State	Zip Code
1134 Interlaken Ave		Ocean			NJ	07712
Principal Occupation		Name of Employ	er			
Applicotion Engineer		Imagi	ne Communitcations			
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		асренает стиа о	x			
government the contract is with:	Dete	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No No Personal Check	12/	29/2016	\$100.00		,	\$100.00
If yes list Event # 12292016A Money Order Credit/Debit Card						

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I. MONETARY RECEIPT	9 (9)	ection A-D					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (Audii /X-1)	TYPE OF REPORT				
Lumaj Explore January 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Mecani		Agron			0523		
Residential Street Address	City			State	Zip Code		
2350 Cambertling Ave		Bronx		NY	10458		
Principal Occupation		Name of Employ	er	1			
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		
)	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 Cosh Personal Check							
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00		
17 you, in 2 years 122 y 2010 i							
Last Name	First			MI	Contribution ID #		
Bevis		Ray		W	0524		
Residential Street Address	City			State	Zip Code		
19 Brookdale St		Wolcott		СТ	06716		
Principal Occupation		Name of Employ	er				
Unemplyed		Unem	ployed				
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 A yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? X Cash Personal Check							
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$50.00		\$50.00		
				1	Ĭ		
Last Name	First			MI _	Contribution ID #		
Simonelli		Anthony		F	0525		
Residential Street Address	City	2 1 1:		State	Zip Code		
6 Hamfield Dr		Shelton		СТ	06484		
Principal Occupation		Name of Employ					
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? Yes	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	Aggregate Contributions				
No Section 1997 Se	12/	29/2016	\$50.00		\$50.00		
If yes, list Event # 12292016A	12/.	29/2010	\$30.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Agaj	1 1150	Ghoslanlin			0526		
Residential Street Address	City	Griosiariiiri		State	Zip Code		
2823 Sedgwich Ave		Bronx		NY	10408		
Principal Occupation		Name of Employ	er		10.00		
Owner			onstruction Corp				
			obbyist, spouse, or	Amou	nt of Contribution		
Yes X No)	dependent child of	Vac	1			
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	1			
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check							
If yes, list Event # 12292016A No Cash Personal Check No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00		
11 yes, list Event # 12232010M I Wioney Order I Credit/Debit Card				1			

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I. MONETARY RECEIPT	S (S	ection A-I)	I TIME OF DE	2025		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Pemaj		Vincent			-	0527
Residential Street Address	City	Manual	_		State	Zip Code
7 Jefferson Pl Principal Occupation		Mount Verno			NY	10550
Unemployed			ployed			
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				
government the contract is with: Executive Legislative		D 1 1		X No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No No Personal Check	12/	29/2016	\$100.0	0		\$100.00
If yes, list Event # 12292016A	12/	23/2010	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Rakaj		Leonora				0528
Residential Street Address	City				State	Zip Code
7 Jefferson Pl		Mount Verno			NY	10550
Principal Occupation		Name of Employ				
baby sitter		-	sitter of drite ujkaj			
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?						
If yes, list Event # 12292016A No Solution No Money Order Credit/Debit Card	12/	29/2016	\$100.0	0		\$100.00
If yes, list Event # 12292016A						
Last Name	First				MI	Contribution ID #
Dulo		Arben				0529
Residential Street Address	City				State	Zip Code
21 Couiston Ave		Waterbury			СТ	06708
Principal Occupation Producer		Name of Employ	ers Insurance			
				_	Amou	nt of Contribution
Yes 🔼 No)	dependent child o		Yes		
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 # 12292016A Cash Personal Check No	12/	29/2016	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Grege	riist	Nxhiho			IVII	0530
Residential Street Address	City	14211110			State	Zip Code
303 Summit St		New Haven			СТ	06513
Principal Occupation		Name of Employe	er			
Retired		Retire	d			
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 loobyist?	x _{No}		
government the contract is with:	Det	Pagaiya4		ഥ No		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions			
No X Cash Personal Check	12/	29/2016	\$100.0	0		\$100.00
If yes list Event # 12292016A Money Order Credit/Debit Card	i				i	

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original									
Lumaj Explore			Sandary 10 Filling - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Troge		Pulo		-	0531				
Residential Street Address	City			State	Zip Code				
303 Summit St		New Haven Name of Employ	ON .	СТ	06513				
Principal Occupation Retired		Retire							
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	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 Z Cash Personal Check	12/	29/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A	12/.	29/2010	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gauthier		Norman			0532				
Residential Street Address	City			State	Zip Code				
16 Julian Dr		Preston		СТ	06365				
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 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: Method of contribution: A Cash Personal Check									
U No I ☐ ····· ☐ ·····	12/	29/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A									
Last Name	First			MI	Contribution ID #				
Soulier		Cory		J	0533				
Residential Street Address 30 Marion St	City	Bristol		State CT	Zip Code 06010				
Principal Occupation	<u> </u>	Name of Employ	er	CI	06010				
Owner		NAFI							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
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	12/	20/2016	±100.00		±100.00				
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/.	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dudzinski		Mark		F	0534				
Residential Street Address	City			State	Zip Code				
158 Marlborough St		Newington		СТ	02111				
Principal Occupation		Name of Employ	er						
Quality Manager			yan Corp						
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?	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?			55 -5						
If yes list Event # 12292016A No No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Scappini		Primo		В	0535				
Residential Street Address	City			State	Zip Code				
9 Great Meadow Dr		North Haven		СТ	06473				
Principal Occupation Machine Operator		Name of Employ Radio	Frequency Systems						
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:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Scappini		Lugia			0536				
Residential Street Address	City			State	Zip Code				
9 Great Meadow Dr		North Haven		СТ	06473				
Principal Occupation		Name of Employ	er						
Retired		Retire							
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 government the contract is with:		dependent enna e	x No						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	12/	29/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A									
Last Name	First			MI	Contribution ID #				
Scappini		Elvira		Α	0537				
Residential Street Address	City			State	Zip Code				
9 Great Meadow Dr Principal Occupation	<u> </u>	North Haven Name of Employ	or	СТ	06473				
Paralegal			n and Dana LLP						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
Yes 🔼 No	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 an avent reported in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 71?	400	20/2016	4400.00						
If yes, list Event # 12292016A No Money Order Personal Check	12/.	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mcgill		James		J	0538				
Residential Street Address	City			State	Zip Code				
48 Jerry Daniels Rd		Marlborough		СТ	06447				
Principal Occupation		Name of Employ							
Outreach			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 12292016A No	12/	29/2016	\$40.00		\$40.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT January 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Hooker		Ann		М	0539				
Residential Street Address	City	14/-1++		State	Zip Code				
7 Blansfield Ln	L	Wolcott Name of Employ	or.	СТ	06716				
Principal Occupation Name of Employer Administrative Assistant Access Rehab Centers									
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:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?			888						
If yes, list Event # 12292016A	12/	29/2016	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Myers		Grisell		J	0540				
Residential Street Address	City			State	Zip Code				
119 Geddes Terrance		Waterbury		СТ	06708				
Principal Occupation		Name of Employ	er	-	-				
Parent Liaison		City o	f Waterbury						
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 government the contract is with:		dependent enna c	x No						
Is this contribution associated with The second of the se	Date	Received	Aggregate Contributions	1					
No No Personal Check	12/	29/2016	\$20.00		\$20.00				
If yes, list Event # 12292016A									
Last Name	First			MI	Contribution ID #				
Digiovanni		Jerry			0541				
Residential Street Address	City	Q1 11		State	Zip Code				
46 Fairlane Dr	<u> </u>	Shelton Name of Employ		СТ	06484				
Principal Occupation Specialist		Name of Employ	es Trees						
·				Amou	ant 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 x Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in section 31:									
If yes, list Event # 12292016A No Cash Personal Check Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Troqe		Albert			0542				
Residential Street Address	City			State	Zip Code				
4223 Gilbert Ave		Dallas		TX	75219-2958				
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or	Amou	ant 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 Yes Method of contribution:	Date	Received	Aggregate Contributions]					
an event reported in Section 31:									
If yes list Event # 12292016A Cash Cash Credit/Debit Card	12/	29/2016	\$350.00		\$350.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I gypt of benong	,	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT January 10 Filing - Original		
Lumaj Explore					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cummings		Stephanie		E	0543
Residential Street Address	City	Material		State	Zip Code
66 Fleetwood Dr Principal Occupation		Waterbury Name of Employe	or.	СТ	06706-2445
Atterney		1 ,	ık Law Firm		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x N	io.	
government the contract is with:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			1-80-48		
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gyle		Bob			0544
Residential Street Address	City			State	Zip Code
6 Milltown Rd		New Fairfield		СТ	06812
Principal Occupation		Name of Employ	er		
Owner		Gyle I	LC		
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 Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna o	x _N	lo	
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Ites No Cash X Personal Check Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
Type, list Event ii 12232010A					
Last Name	First	Norma		MI	Contribution ID # 0545
Gyle Residential Street Address	City	NOTITIA		State	Zip Code
6 Milltown Rd	City	New Fairfield		CT	06812
Principal Occupation		Name of Employ	er		1
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	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent enna e	x _N	lo	
government the contract is with: Is this contribution associated with X Yes Method of contribution: X Yes Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section 31?					
If yes, list Event # 12292016A No Cash Personal Check No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lacombe		Meghan			0546
Residential Street Address	City			State	Zip Code
9 Seneca Rd		Bristol		СТ	06010
Principal Occupation		Name of Employ			
Office Manager Is contributor a principal of a state contractor or prospective state contractor?			Tool Mfg obbyist, spouse, or	1 4ma	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	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	lo	
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 31:					
If yes, list Event # 12292016A Cash X Personal Check	12/	29/2016	\$35.00		\$35.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Dudzinski	FIISt	Harry		WII	0547			
Residential Street Address	City			State	Zip Code			
35 Cronin St		Bristol		СТ	60610-7814			
Principal Occupation		Name of Employ						
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 of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		1	x _{No}					
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 # 12292016A	12/	29/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tasmin Projectivities Court Address	City	Visar		C+-+-	0548			
Residential Street Address	City			State	Zip Code			
23 High Ridge Rd		Naugatuck		СТ	06770			
Principal Occupation		Name of Employ						
Accounts Is contributor a principal of a state contractor or prospective state contractor?		Aetna	obbyjet enouge or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	Alliot	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?								
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00			
If yes, list Event # 12292016A								
Last Name	First			MI	Contribution ID #			
Susco		John		Α	0549			
Residential Street Address	City			State	Zip Code			
9 Ledge Rd		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
Building Contractor		Susco	Building Group					
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		dependent ennu (x No					
government the contract is with:	В.	D : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00			
If yes, list Event # 12292016A	12/	23/2010	Ψ100.00		———			
Last Name	First			MI	Contribution ID #			
Sampson		Robert		С	0550			
Residential Street Address	City			State	Zip Code			
276 Boundline Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Realtor			y 3 of Southington					
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	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?			-					
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sampson		Margaret		Α	0551			
Residential Street Address	City	. 3		State	Zip Code			
276 Boundline Rd		Wolcott		СТ	06716			
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	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 Chark								
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$25.00		\$25.00			
1 yes, list Event in 12232010A								
Last Name	First			MI	Contribution ID #			
Hughes		Sean		М	0552			
Residential Street Address	City			State	Zip Code			
103 Hickory Ln		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Contingent Work force Solutions		PRO U	Jnlimited					
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 A yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	29/2016	\$25.00		\$25.00			
					Ĭ			
Last Name	First			MI	Contribution ID #			
Hughes	-	Melissa		M	0553			
Residential Street Address	City	147 1 11		State	Zip Code			
103 Hickory Ln		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Teacher Is contributor a principal of a state contractor or prospective state contractor?		Regio		A.m.o.v	nt 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 Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10.10.10.10.10.10.10.10.10.10.10.10					
No Cash X Personal Check	12/	29/2016	\$25.00		\$25.00			
If yes, list Event# 12292016A			7-2:					
Last Name	First			MI	Contribution ID #			
Rockwell		Barbara		К	0554			
Residential Street Address	City			State	Zip Code			
70 Bemis St		Terryville		СТ	06786			
Principal Occupation		Name of Employ	er					
Town Clerk		Town	of Plymouth					
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	or a roodyrst?					
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 # 12292016A Cash Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-1)	TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Barolli		Sali			0555				
Residential Street Address	City			State	Zip Code				
2 Executive Hill Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er						
Realtor		Ferco	dini Properties						
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 on event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				
in yes, list Event # 12292010A I Money Order Card									
Last Name	First			MI	Contribution ID #				
Paskus		Cathleen		М	0556				
Residential Street Address	City			State	Zip Code				
4 Arrow Dr		Terryville		СТ	06786				
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 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 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				
<u></u>					-				
Last Name	First			MI	Contribution ID #				
Gentile		Daniel			0557				
Residential Street Address	City			State	Zip Code				
269 Mt Tobe Rd		Plymouth		СТ	06782				
Principal Occupation		Name of Employ	er						
Part time sales		Torrco	0						
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 cinia (•						
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						
		20/2016	4450.00		1150.00				
If yes, list Event # 12292016A No Solution No Money Order Cash Personal Check	12/.	29/2016	\$150.00		\$150.00				
Last Name	First			MI	Contribution ID #				
Vrekaj	riist	Juliana		IVII	0558				
Residential Street Address	City	Juliana		State	Zip Code				
46 Sanford St	City	East Haven		CT	06512				
Principal Occupation		Name of Employ	er	<u> </u>	00312				
Student		None							
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 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 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
— X D 1G 1									
If yes, list Event # 12292016A No Cash X Personal Check Money Order Credit/Debit Card	12/2	29/2016	\$350.00		\$350.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I summan ne nenan		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPOR January 10 Filing - Origina		
• •			January 10 1 mily 2 mg/m		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Troqe		Adolon			0559
Residential Street Address	City	Fact Users		State	Zip Code
46 Sanford St Principal Occupation		East Haven Name of Employe	or.	СТ	06512
Sales		1 ,	ess Express		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes A	mount of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative	_			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/	29/2016	\$350.00		\$350.00
If yes, list Event # 12292016A	12/	29/2010	4330.00		\$330.00
Last Name	First			MI	Contribution ID #
Merchant		David			0560
Residential Street Address	City			State	Zip Code
75 North St		Plymouth		СТ	06782
Principal Occupation		Name of Employ	er		
Mayor			of Plymouth		
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 A	mount 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 # 12292016A	12/	29/2016	\$100.00		\$100.00
If yes, list Event # 12292016A					
Last Name	First			MI	Contribution ID #
Pistone		Michele			0561
Residential Street Address	City			State	Zip Code
140 Mill St Principal Occupation		East Haven Name of Employe		СТ	06512
Engineer		Hone			
-				A	mount of Contribution
Yes 🔼 No)	dependent child of	f 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	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 12292016A Cash Cash Personal Check No	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
O'Brien	1 1130	Christopher		J J	0562
Residential Street Address	City			State	Zip Code
7 Brookdale St		Wolcott		СТ	06716
Principal Occupation		Name of Employ	er	•	•
EMT		Camp	ion Ambulance		
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	mount of Contribution
If yes, indicate which branch or branches of		dependent emid (x	NT-	
government the contract is with:	Dete	Received		NO	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00
If yes list Event # 12292016A Money Order Credit/Debit Card	i			1	

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore January 10 Filing - Original									
B. Itemized Contributions from	n Ind	ividuals							
Last Name	First			MI	Contribution ID #				
Caggiano		Jeffrey			0563				
Residential Street Address	City			State	Zip Code				
27 Cricket Hill Rd	L.,	Bristol		СТ	06010				
Principal Occupation Sales		Name of Employ	er ive Bio Technologies						
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)	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 X Personal Check	12/2	20/2016	¢100.00		¢100.00				
If yes, list Event # 12292016A Money Order Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Backer		Michael		Р	0564				
Residential Street Address	City			State	Zip Code				
50 Burning Tree Dr		Southington		СТ	06489				
Principal Occupation		Name of Employe	er						
President			k baker and sons	1					
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	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?			86 -8						
No Cash X Personal Check	12/2	29/2016	\$75.00		\$75.00				
If yes, list Event # 12292016A									
Last Name	First			MI	Contribution ID #				
Baker		Mary			0565				
Residential Street Address	City			State	Zip Code				
50 Burning Tree Dr Principal Occupation	<u> </u>	Southington Name of Employe	on.	СТ	06489				
civil engineer		State							
				Amou	ınt of Contribution				
Yes A 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						
an event reported in Section 31?									
If yes, list Event # 12292016A No Cash Cash Personal Check No Money Order Credit/Debit Card	12/2	29/2016	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Dvarskas	Thist	Richard		1411	0566				
Residential Street Address	City			State	Zip Code				
2 Rogers Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employe	er	•	•				
Owner		Richa	rd Dvarskas DMD						
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		acpendent child 0							
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		Beregue Continuations						
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Morales		Jerry			0567				
Residential Street Address	City			State	Zip Code				
6 Swantown Rd		Preston		СТ	06365				
Principal Occupation Retired Name of Employer Retired									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amov	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent chird (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution: X Personal Check									
If yes, list Event # 12292016A No Cash X Personal Check Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Demaida		Allyn			0568				
Residential Street Address	City			State	Zip Code				
185 Pierpont Rd		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
Executive Secretary			of Connecticut						
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 government the contract is with: Executive Legislative			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? Roy Cash Personal Check	12/	29/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A			4						
Last Name	First			MI	Contribution ID #				
Demaida		William			0569				
Residential Street Address	City			State	Zip Code				
185 Pierpont Rd	<u> </u>	Waterbury		СТ	06705				
Principal Occupation Owner		Name of Employ	m Demaida Constable						
				Amor	ant of Contribution				
Yes 🔼 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 event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 12292016A No Cash Cash Personal Check No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mastrofrancesco		Gale			0570				
Residential Street Address	City			State	Zip Code				
216 Spindle Hill Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employ							
Director of community relations			nmark Senior Living						
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 Executive Legislative		-	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 12292016A No No Money Order Credit/Debit Card	12/	29/2016	\$30.00		\$30.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore			Canada y 10 1 ming Cingman						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Macdonald		Kelly		L	0571				
Residential Street Address	City	14/:tl		State	Zip Code				
14 Mountain View Ter		Winsted	or	СТ	06098				
Principal Occupation Name of Employer Teacher SBRSD									
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 child (x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Section J1 Section J1 West Wes									
If yes, list Event # 12292016A No Cash X Personal Check Money Order Credit/Debit Card	12/	29/2016	\$40.00		\$40.00				
Last Name	First			MI	Contribution ID #				
Simoni		Aleksander			0572				
Residential Street Address	City			State	Zip Code				
95 Smith St		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
landscaper			landscaping	T					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, 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 expert concreted in Section 112	Date	Received	Aggregate Contributions						
Cash Recursive R									
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Cetaj		Sokol			0573				
Residential Street Address	City			State	Zip Code				
217 Hillside Pl	<u> </u>	Eastchester		NY	10709				
Principal Occupation Owner		Name of Employ	Tiles Design						
				Amor	ant of Contribution				
Yes A N	0	dependent child of	37						
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 11:									
If yes, list Event # 12292016A No Cash Money Order Credit/Debit Card	12/	29/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Goodine		Lindsey			0574				
Residential Street Address	City			State	Zip Code				
58 Baldwin Dr		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
Teacher Is contributor a principal of a state contractor or prospective state contractor?		CREC	obbriet enouge or	Amor	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	Vac	Aiiiou	in or 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 concreted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 31?									
If yes, list Event # 12292016A No No No No No No No Credit/Debit Card	12/	29/2016	\$50.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Pirro		Brian		N	0575				
Residential Street Address	City			State	Zip Code				
36 Porter Rd	<u> </u>	Wolcott		СТ	06716				
Principal Occupation Name of Employer Owner Pirro Auto									
Is contributor a principal of a state contractor or prospective state contractor?	<u> </u>		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:	D.	D : 1							
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	12/2	29/2016	\$250.00		\$250.00				
If yes, list Event # 12292016A		·							
Last Name	First			MI	Contribution ID #				
Christie		Martin		Е	0576				
Residential Street Address	City	Dautlau d		State	Zip Code				
106 Chestnut Hill Rd Principal Occupation	L	Portland Name of Employ	or	СТ	06480				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt 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 event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	29/2016	\$60.00		\$60.00				
Last Name	First			MI	Contribution ID #				
Christie		Rae		М	0577				
Residential Street Address	City			State	Zip Code				
106 Chestnut Hill Rd		Portland		СТ	06480				
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	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 expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71?									
If yes, list Event # 12292016A No Anney Order Credit/Debit Card	12/2	29/2016	\$60.00		\$60.00				
Last Name	First			MI	Contribution ID #				
Cleary	1 1150	Scott		1411	0578				
Residential Street Address	City			State	Zip Code				
226 Andrews Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er		•				
Accountant			nal School District 5						
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	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		Sependent emit (x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12292016A No Cash X Personal Check Money Order Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original							
Lumaj Explore			Sandary 10 Filling - Original							
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Discepolo		Janet		Т	0579					
Residential Street Address	City	147 1 11		State	Zip Code					
17 Lancewood Ln Principal Occupation	<u> </u>	Wolcott Name of Employ	ON .	СТ	06716					
Teacher										
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? Yes										
If yes, indicate which branch or branches of Executive Legislative		dependent child (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 # 12292016A	12/	29/2016	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Discepolo		Anthony			0580					
Residential Street Address	City			State	Zip Code					
17 Lancewood Ln		Wolcott		СТ	06716					
Principal Occupation		Name of Employ								
Retired		Retire		Amount of Contribution						
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 Executive Legislative			x _{No}							
	government the contract is with:									
an event reported in Section J1? Cash Responsible Cash Cash Responsible Cash Cash Responsible Cash Ca										
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$50.00		\$50.00					
Last Name	First			MI	Contribution ID #					
Martinaj		Ohrida			0581					
Residential Street Address	City			State	Zip Code					
355 Goodwin St	<u> </u>	East Hartford		СТ	06108					
Principal Occupation Machine Operator		Name of Employ	er							
·		DST Is contributor a l	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		111100	in 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							
all event reported in Section 31?										
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Vrekaj		Artur			0582					
Residential Street Address	City			State	Zip Code					
2 Kimbull St		Worchester		MA	01605					
Principal Occupation Name of Employer										
QC Lab Techniciation Is contributor a principal of a state contractor or prospective state contractor?			man inc 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	Vac	Amou	in or 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 avent proported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 71?										
If yes, list Event # 12292016A No Cash Credit/Debit Card	12/	29/2016	\$50.00		\$50.00					

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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			January 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Garrett	1 1130	Michael		IVII	0583				
Residential Street Address	City			State	Zip Code				
49 Weber Ave		Bridgeport		СТ	06610				
Principal Occupation Name of Employer									
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	nt 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 Cash X Personal Check	12/	29/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A		<u>, </u>			·				
Last Name	First			MI	Contribution ID #				
Cleary		Kyle			0584				
Residential Street Address	City			State	Zip Code				
15 Washington St		Burlington		СТ	06013				
Principal Occupation		Name of Employ	er		•				
Police Officer		City o	f New Britain						
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 A yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? No No Cash Personal Check									
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sforza		Margaret			0585				
Residential Street Address	City			State	Zip Code				
34 Eastview Rd		Terryville		СТ	06786				
Principal Occupation		Name of Employ	er	-					
RN consulatn		State	of ct						
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 followist:						
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						
	40.0	20/2016	4400.00						
If yes, list Event # 12292016A Cash Cash Personal Check No	12/.	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cleary		Ann Marie			0586				
Residential Street Address	City			State	Zip Code				
59 Hemple Dr		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er	•					
Teacher		Regio	n 16 School District						
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 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:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	12/	20/2016	#100.00		¢100 00				
If yes, list Event # 12292016A	12/.	29/2016	\$100.00	1	\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Cleary		Dennis		Н	0587				
Residential Street Address	City			State	Zip Code				
57 Hemple Dr		Wolcott		СТ	06716				
Principal Occupation Name of Employer									
Associate Director		ESPN							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Yes Yes									
)	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 # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
in yes, list Event # 12232010A Money Order Credit/Debit Cald									
Last Name	First			MI	Contribution ID #				
Wollenberg		Ronald		N	0588				
Residential Street Address	City			State	Zip Code				
48 N Riverside Ave		Terryville		CT	06786				
Principal Occupation		Name of Employ	er						
self		self							
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 # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
122720101					-				
Last Name	First			MI	Contribution ID #				
Markley		Joseph		С	0589				
Residential Street Address	City			State	Zip Code				
47 Elm St		Plantsville		СТ	06479				
Principal Occupation		Name of Employ	er						
Legislator		State	of Connecticut						
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 (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						
If yes, list Event # 12292016A Cash Cash Personal Check No	12/	29/2016	\$100.00		\$100.00				
LadVana	Einst.			MI	Contribution ID #				
Last Name	First	Coon		IVII	Contribution ID #				
Cleary Residential Street Address	City	Sean		State	0590 Zip Code				
54 East St	City	Wolcott		CT	06716				
Principal Occupation		Name of Employ	or	CI	00710				
Research		State							
			obbyict chause or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	. 111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government die contract is with.									
an event reported in Section J1?			300 30						
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A	I/	-,	¥200.00		, ,				

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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			January 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First	ii viuuuis		MI	Contribution ID #				
Veley	FIISt	Scott		WII	0591				
Residential Street Address	City			State	Zip Code				
1424 Orchard Rd		Berlin		СТ	06037				
Principal Occupation Name of Employer									
N/A N/A									
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			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1?									
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Calandra		Christopoher		J	0592				
Residential Street Address	City			State	Zip Code				
84 Doral Ln		Southington		СТ	06489				
Principal Occupation		Name of Employ							
Certified Financial Planner		Elliott Wealth Management							
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		dependent child (x No						
government the contract is with.	Date	Received	Aggregate Contributions	•					
an event reported in Section J1?			86 8						
If yes, list Event # 12292016A	12/	29/2016	\$100.00	\$100.00					
1					Γ				
Last Name Mcgee	First	Charles		MI	Contribution ID # 0593				
Residential Street Address	City	0.10.100		State	Zip Code				
11 Appleton St		Concord		NH	03301				
Principal Occupation		Name of Employ	er						
Vice President		Spect	rum Marketing						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	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 A yes We want reported in Section 112	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # 12292016A No Cash Personal Check No Money Order X Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Spadaccini	1 1100	Louis			0594				
Residential Street Address	City	200.0		State	Zip Code				
85 Steep Hollow Ln		Manchester		СТ	06040				
Principal Occupation		Name of Employ	er						
Attorney			well & Spadaccini LLC						
Is contributor a principal of a state contractor or prospective state contractor?									
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with: Legislative Legislative									
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 # 12292016A No Cash Personal Check Money Order X Credit/Debit Card	12/	29/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Dacunto	Heather				0595				
Residential Street Address	City			State	Zip Code				
163 Victoria Dr		Cheshire		СТ	06410				
Principal Occupation Name of Employer Sales Geriatric Medical									
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? Yes Amount or dependent child of a lobbyist?									
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
government the contact is with.	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1?									
If yes, list Event # 12292016A No Cash Personal Check Money Order X Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Samuelian		Leon			0596				
Residential Street Address	City			State	Zip Code				
29 Lantern Ln	L.,	Warwick		RI	02886				
Principal Occupation		Name of Employ							
Senior Account Manager			tic Medical and Surgical Supp						
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: Executive Legislative	x No								
Is this contribution associated with X Voc Method of contribution:	tal and talled — Indian — Indian								
an event reported in Section J1? Cash Personal Check No Money Order X Credit/Debit Card	12/29/2016 \$100.00				\$100.00				
Type, and Profession Leaves and L				<u> </u>					
Last Name	First			MI	Contribution ID #				
Miranda Residential Street Address	C'i	Maria		Gr. r	0597				
18 Elm Ave	City	Norwich		State CT	Zip Code 06360				
Principal Occupation		Name of Employ	er	Ci	00300				
Marketing		1 ,	da Creative						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	o	dependent child of							
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						
If yes, list Event # 12292016A	12/2	29/2016	\$150.00		\$150.00				
	Б: ,			L	Louis Bu				
Last Name France	First	Mike		MI	Contribution ID # 0598				
Residential Street Address	City	Міке		State	Zip Code				
17 Garden Dr	City	Gales Ferry		CT	06335				
Principal Occupation	-	Name of Employ	er	<u> </u>					
Engineering Manager Progeny Systems Corporation									
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	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative	If yes, indicate which branch or branches of								
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		op-ogate continuations						
If yes, list Event # 12292016A No Cash Personal Check	12/2	29/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT January 10 Filing - Original									
Lumaj Explore			June 19 10 1 ming 19 19 11						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First				MI	Contribution ID #			
Corey		Matthew		_		0599			
Residential Street Address	City				State	Zip Code			
181 Center St	<u> </u>	Manchester		СТ	06040				
Principal Occupation Name of Employer Owner Mckinnons Irish Pub									
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 Executive Legislative		dependent cinia o	x	No					
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 12292016A	12/	29/2016	\$100.00			\$100.00			
Last Name	First				MI	Contribution ID #			
Taub		Russell				0600			
Residential Street Address	City				State	Zip Code			
50 Adelphi Ave		Providence			RI	02906			
Principal Occupation		Name of Employ	er						
CEO		Taub Feuer Associates							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	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: Executive Legislative		асренает сппа о	x	No					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? I res No Cash Personal Check Money Order Credit/Debit Card	12/	29/2016	\$25.00			\$25.00			
12220101	<u> </u>								
Last Name Shala	First	Ciorgi			MI	Contribution ID # 0601			
Residential Street Address	City	Gjergi		\dashv	State	Zip Code			
136-35 82nd St	City	Briarwood			NY	11435			
Principal Occupation		Name of Employ	er						
Superintendent		one e	ighteen Lincoln						
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		dependent child o	i a loodyist.	No					
Is this contribution associated with Mathed of contributions	Date	Received	Aggregate Contributions	100					
an event reported in Section J1?	Dute	received	Aggregate Contributions						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	12/	29/2016	\$100.00			\$100.00			
Last Name	First				MI	Contribution ID #			
Shabaj		Sokal				0602			
Residential Street Address	City			\neg	State	Zip Code			
1514 Sedgwich Ave		Bronx			NY	10463			
Principal Occupation		Name of Employe	er						
Property Manager		Sharp	Management						
Is contributor a principal of a state contractor or prospective state contractor?	o	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: Executive Legislative			x	No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv					
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	12/	29/2016	\$100.00		:	\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original						
Lumaj Explore			January 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shabaj		Luljeli			0603				
Residential Street Address	City			State	Zip Code				
1514 Sedgwich Ave	<u> </u>	Bronx		NY	10453				
Principal Occupation Name of Employer Cleaning Triangle Corp									
Is contributor a principal of a state contractor or prospective state contractor?									
	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 J1?	400	20/2016							
If yes, list Event # Money Order Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mernaci		Mark			0604				
Residential Street Address	City			State	Zip Code				
59 Hill Ter		Yonkers		NY	10701				
Principal Occupation		Name of Employ	er	-	•				
Handyman	aci 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	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
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						
X No Cash Personal Check		\$100.00							
If yes, list Event #		29/2016	\$100.00						
Last Name	First			MI	Contribution ID #				
Selimaj		Musa			0605				
Residential Street Address	City		State Zip Code						
3015 Roberts Ave	<u> </u>	Bronx		NY	10461				
Principal Occupation		Name of Employ							
Doorman Is contributed a minimal of a state contractor or mean active state contractor?			Harris Stiewine	Amou	int of Contribution				
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	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
government the contract is with	Date	Received	Aggregate Contributions						
an event reported in Section J1? Wethod of contribution: Yes Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	12/2	29/2016	\$300.00		\$300.00				
Last Name	First			MI	Contribution ID #				
Lisi		Valentin			0606				
Residential Street Address	City			State	Zip Code				
354 Lake St		Pleasentville		NY	10570				
Principal Occupation		Name of Employ	er						
President Lisi Construction									
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		,	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?			30 -0						
X No Cash X Personal Check If yes, list Event # Money Order Credit/Debit Card	12/	29/2016	\$375.00		\$375.00				

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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			January 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Nararian		Darcie			0607				
Residential Street Address	City			State	Zip Code				
8 Edgemont Ln	,	Wolcott		СТ	06716				
Principal Occupation Name of Employer									
Bookkeeper Town of Wolcott									
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or Yes Yes									
)	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						
an event reported in Section 31:									
If yes, list Event # 12292016A No Money Order X Credit/Debit Card	12/	30/2016	\$50.00		\$50.00				
11 yes, in 27 etc. 12222016.									
Last Name	First			MI	Contribution ID #				
Lumaj		Fred			0608				
Residential Street Address	City			State	Zip Code				
420 W 42nd St # 5C		New York		NY	10036				
Principal Occupation		Name of Employ	er						
Resident Manager			wenty west 42 street, LLC						
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 ennu (<u> </u>						
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						
Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	12/	30/2016	\$375.00		\$375.00				
				l					
Last Name	First			MI	Contribution ID #				
Chemey		Brooke		_	0609				
Residential Street Address	City			State	Zip Code				
144 Mansfield Rd Principal Occupation		Harwinton		СТ	06791				
Instructor		Name of Employ							
			at start shooting school 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		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 X Personal Check	12/	30/2016	\$100.00		\$100.00				
If yes, list Event # 12292016A		<i>'</i>	·						
Last Name	First			MI	Contribution ID #				
Cheney		Sean			0610				
Residential Street Address	City			State	Zip Code				
144 Mansfield Rd		Harwinton		СТ	06791				
Principal Occupation		Name of Employ	er						
Information Tech		Pfizer							
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 # 12292016A Cash Credit/Debit Card	12/	30/2016	\$150.00		\$150.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT January 10 Filing - Original			
Lumaj Explore			January 101 lilling - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Najarian		Patricia			0611	
Residential Street Address	City	147 1 11		State	Zip Code	
43 Rocco Dr		Wolcott Name of Employ	ON .	СТ	06716	
Principal Occupation Customer Service and Logistics Man						
Is contributor a principal of a state contractor or prospective state contractor?	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of				
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 Cash Personal Check	12/	30/2016	\$50.00		\$50.00	
If yes, list Event # Money Order X Credit/Debit Card	12/.	30/2016	\$30.00		\$30.00 	
Last Name	First			MI	Contribution ID #	
Stankus		David			0612	
Residential Street Address	City			State	Zip Code	
101 S Colman Rd		Wolcott		СТ	06716	
Principal Occupation		Name of Employ				
Facility Director			of Wolcott			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or Yes	Amou	unt 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 Personal Check						
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	12/	31/2016	\$25.00		\$25.00	
In you, in 2 teams of the control of				<u> </u>		
Last Name	First			MI	Contribution ID #	
Davis Residential Street Address	City	Daniel		State	0613	
131 Cleveland St	City	City State Zip Code New Britain CT 06053				
Principal Occupation		Name of Employ	er	<u> </u>		
Outreach Coordinator		State	of CT			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent child of	I a loooyist:			
government the contract is with: Executive Legislative		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 Personal Check	12/	31/2016	\$50.00		\$50.00	
If yes, list Event # Money Order X Credit/Debit Card			7-2			
Last Name	First			MI	Contribution ID #	
Dauphinais		Dale			0614	
Residential Street Address	City			State	Zip Code	
204 Wright Rd		Danielson		СТ	06239	
Principal Occupation Name of Employer Senior Manager Raytheon						
Senior Manager Is contributor a principal of a state contractor or prospective state contractor?			abbreigt anguag or	Amor	ant of Contribution	
Yes X No	0	dependent child of	Vac	1 111100	in or commount	
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	1		
an event reported in Section 31?						
If yes, list Event # Cash Personal Check X No	12/	31/2016	\$100.00		\$100.00	

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							Total of Section E	\$105,795.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID	UALS		(Sections	A + B)	(Total on Line 14,	Column A of Si	ummary Page)	\$105,795.00
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF RI	TYPE OF REPORT		
Lumaj Explore							January 10 Filing - Or	iginal
C1. Co	ntributi	ons fr	om Other	Comm	ittees	,		
Name of Committee					Name of Treasurer			
Address Is this contribution associated with an Yes event reported in Section J1? If yes, list Event #						Yes No	Amount of Contribution	
City	State	Zip Coo	de	Date	Received	Aggregate Contr	ributions	
						,	Total of Section C1	
I. MONE	TARY I	RECE	EIPTS (S	ection	A-I)			
NAME OF COMMITTEE							TYPE OF REPORT	
Lumaj Explore						January	10 Filing - Original	
C2. Reimbursements o	or Surplu	ıs Dist	ributions	from o	ther Committees	S		
Name of Committee					Name of Treasurer			
Address					•	Date Receiv	ed	Amount of Receipt
City	State		Zip Code		Payment Type	+		

Expenditure #

Description

Reimbursement for shared expense

Surplus distribution from exploratory committee

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					TYPE OF REPORT				
Lumaj Explore					January 10 Filing - Original				
	D. Loans	s Received this Peri	od						
Name of Lender			Source of Loan:				Date of Receipt		
Street Address		City	Bank Candid	date	Individua State	Zip Code	Is there a cosigner or Guarantor of this loan?		
Name of Cosigner/Guarantor (if applica	able)					<u> </u>	Yes No Amount Received		
Street Address		City			State	Zip Code	-		
					<u> </u>	Total of Section	1 D		
	I. MONE	TARY RECEIPT	S (Section A-I)						
NAME OF COMMITTEE						TYPE OF REPO	PRT		
Lumaj Explore					Janu	uary 10 Filing - Orig	inal		
E. Personal I	Funds of the Candidate Reco	eived this Period (C	andidate Committee	es ONL	Y)				
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debit	t Card			Amount		
					Total of	Section E			
	I. Mo	netary Receipts (S	Section A-I)						
NAME OF COMMITTEE					Т	YPE OF REPOR	RT		
Lumaj Explore					January	10 Filing - Original			
	G. Interest from	m Deposits in Autho	orized Accounts						
Name of Institution				Da	ate 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						TYPE OF REPORT		
Lumaj Explore					Janua	ary 10 Filing - Origina	I	
H. Public Grant Funds Received from the Citizens' Election Fund								
2.7.1.0.00 3.1.0.0								
Purpose of Grant:	Grant Cycle:					Date Received	Aı	mount
Initial Grant Adjustment	Prima	ary General Election	Sno	cial Election				
Supplemental/Post Election Deficit	Fillia	ary General Election	Spe	ciai Electi	511			
					7	Total of Section H		
I.	MONETA	RY RECEIPTS (Section A	A-I)					
NAME OF COMMITTEE					TYPE OF REPORT			
Lumaj Explore					Janua	ary 10 Filing - Origina	I	
I. Miscellane	ous Monetary	y Receipts not Considered C	ontrib	utions	<u> </u>			
Name					Date o	f Transaction		Amount Received
Street Address	City	у		State		Zip Code		
							_	
Description								

	II. EVENT ACTIVITY	Y (Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Con	nmission)			ТҮРЕ (OF REPO	RT	
Lumaj Explore					January 10 Filing	- Original		
	J1. Event Inform	mation						
Event # Date of Event 11/13/2016 Letter A	Description Reception Event					Was this	a fundrais	ing event?
Location: Street Address 3371 Eastchester Rd				City Bronx			State NY	Zip Code 10469
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, beverage	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 (Contribution	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 12/29/2016	Description Home Fundraiser					Was this	a fundrais Yes	ing event?
Location: Street Address 108 Mad River Rd				City Wolcott			State CT	Zip Code 06716
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, beverage	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 No	If yes, to to Section J3 I complete required infor		ions not Considered (Contribution	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

II.EVENT ACTIVITY (Sections J1 - J4)								
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commission)			TYPE OF REP	ORT	,	
Lumaj Explore				January 10 Filing - Origina	ıl			
J3. In-Kind Donations Not Considered Contributions								
Name of the Donor								
Street Address			City				State	Zip Code
Donation Given by: Individual	Description of Donation							arket Value of Conation
Business Entity Sole Proprietorship	Date Received	Event#		Aggregate val	ue for this event			
					Total of Section J3			

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	II.EVENT ACTIVITY (Sect	ions J1 - J4)					
NAME OF COMMITTEE (Provide 0	Complete Name as Registered with Commission)			ТҮРЕ С	F REP	ORT	
Lumaj Explore				January 10 Fi	ling - Ori	ginal	
J4. In-Kir	nd Donations Not Considered Contributions Asso	ciated with a H	louse Party	7			
Name of Host			Is this event s	supporting more t	han one c	andidate?	
Dennis Cleary			Yes	X No	If yes, co		emization in
Street Address		City	•			State	Zip Code
108 Mad River Rd		Wolcott				CT	Zip Code
Description of Donation Expenses							larket Value of Donation
Event # 12292016A	Aggregate value of this Event - all hosts \$800.00	Aggregate val	ue of all Events	- this host/candid			\$400.00
Name of Host Sean Cleary			Is this event s	X No		omplete Ite	emization in
Street Address		City	ļ			1	
108 Mad River Rd		Wolcott				State	Zip Code 06716
Description of Donation Party Supplies							larket Value of Donation
Event # 12292016A	Aggregate value of this Event - all hosts \$800.00	Aggregate val	ue of all Events	- this host/candid			\$400.00
			7	Total of Sectio	n J4		\$800.00

III. NONMONETARY RECEIPTS (Sections K - L)								
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commiss	ion)		TYI	PE OF RE	PORT	
Lumaj Explore					January 10 Filir	ıg - Original		
K. In-Kin	d Co	ntributi	ons					
Name								
Street Address City					State	Zip Code		
Is this contribution associated with an event reported in Yes Section J1? Description of In-Kind Contribution No								
If yes, list Event# Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state Contributor a principal of a state contractor or prospective state Yes Fair Market Value of contractor? indicate which branch or branches of No government the contract is with: Executive Legislative					I			
pe of Contributor: Date Received Aggregate contributions								
Individual Committee Sole Pro	prietor	rship						
					Total of S	Section K		
III. Non Mon	etar	y Recei	ipts (Sections K -	L)				
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commiss	ion)		TYPI	E OF REP	ORT	
Lumaj Explore					January 10 Fili	ng - Origina	l	
L. Refundable Deposit t	o Tel	lephone	Company					
Last Name of Individual		First Nan	ne		MI	Date De	posit Made	
Residential Street Address	Ci	ity		State	Zip Code			mount of Deposit
Name of Telephone company								
Street Address City State Zip Code								
					Total of S	ection L		

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	E OF REPORT		
Lumaj Explore				January 10 Filin	g - Original		
N. Expenses Paid By Committee							
Name of Payee United States Post Office			Date of Payr		1 =	neck # ebit Card	
Street Address 123 Wolcott Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend OVHD	Description Post office Box rental					Amount	
which reimbursement is sough		nditure # plicable)	Event #			\$228.00	
Name of Payee Heartland Clarke Date of Payment 10/14/2016					Method of Payment Check # Debit Card X EFT		
Street Address 15955 La Cantera Pkwy		City San Antonio			State TX	Zip Code 78256	
Purpose of Expend OFFICE	Description Checks					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		nditure# plicable)	Event #			\$40.51	
Name of Payee Xhovana Kacaj			Date of Payr		1 —	neck # <u>101</u> ebit Card	
Street Address 1725 Williamsbridge Rd		City Bronx			State NY	Zip Code 10461	
Purpose of Expend REF	Description Contribution Refund					Amount	
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		nditure # plicable)	Event #			\$275.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT		
Lumaj Explore				January 10 Filin	g - Original		
N. Expenses Paid By Committee							
Name of Payee Drande Kacaj			Date of Payri 10/18/20		1 =	neck# <u>102</u> ebit Card	
Street Address 1725 Williamsbridge Rd		City Bronx			State NY	Zip Code 10461	
Purpose of Expend REF	Description Contribution Refund					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$275.00	
Name of Payee CT Country Rentals Date of Payment 10/18/2016					Method of Payment X Check # 103 Debit Card EFT		
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend OVHD	Description Payment Per Contract					Amount	
which reimbursement is sough	— I	diture # dicable)	Event#			\$800.00	
Name of Payee Brock Weber			Date of Payn 10/18/20		D D	vment neck # 104 ebit Card	
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend CNSLT	Description September Payment Per Contract					Amount	
which reimbursement is soug		diture # dicable)	Event #			\$2,000.00	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT			
Lumaj Explore				January 10 Filin	g - Original			
N. Expenses Paid By Committee								
Name of Payee Dennis Cleary			Date of Payr		1 =	neck# <u>105</u> ebit Card		
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716		
Purpose of Expend OFFICE	Description Office Supplies					Amount		
Is this expenditure coordinated with another candidate for						\$39.88		
Name of Payee Explorator Media LLC Date of Payment 10/27/2016					Method of Payment Check # X Debit Card EFT			
Street Address 270 Westport Rd		City Wilton			State CT	Zip Code 06897		
Purpose of Expend WEB	Description Website Changes Invoice 1235					Amount		
which reimbursement is sough		nditure # plicable)	Event #	i		\$150.00		
Name of Payee TD Bank		_	Date of Payr 10/31/20		1 =	neck # ebit Card		
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716		
Purpose of Expend BNK	Description October Bank Fees					Amount		
which reimbursement is sough		nditure # plicable)	Event #	i		\$10.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT			
Lumaj Explore				January 10 Filin	g - Original			
N. Expenses Paid By Committee								
Name of Payee Brock Weber			Date of Payr		1 —	eck # 106 bit Card		
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052		
Purpose of Expend CNSLT Description October Payment Per Contract						Amount		
Is this expenditure coordinated with another candidate for						\$2,000.00		
Name of Payee Scott Cleary Date of Payment 11/01/2016					Method of Payment X Check # 107 Debit Card EFT			
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716		
Purpose of Expend CNSLT	Description November and December Contract Payment					Amount		
which reimbursement is sough		nditure# plicable)	Event #	:		\$1,700.00		
Name of Payee The East WoodManor		_	Date of Payr 11/13/20		1 —	eck # <u>108</u> bit Card		
Street Address 3371 Eastchester Rd		City Bronx			State NY	Zip Code 12345-1046		
Purpose of Expend FNDR *	Description Cost For Fund Raiser 11/13					Amount		
which reimbursement is sough	- I	nditure # plicable)	Event #	i		\$5,000.00		

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	PE OF REPORT			
Lumaj Explore				January 10 Filin	g - Original			
	N. Expenses Paid By Committee							
Name of Payee The East WoodManor			Date of Payr		De De	rment neck # <u>109</u> ebit Card		
Street Address 3371 Eastchester Rd					State NY	Zip Code 12345-1046		
Purpose of Expend FNDR *	Description Additional Fundraiser Costs					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Expenditure # (if applicable)						\$1,290.00		
Name of Payee TD Bank Date of Payment 11/19/2016					Method of Payment Check # Debit Card X EFT			
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716		
Purpose of Expend REF	Description Check Returned by bank 11/19/16					Amount		
which reimbursement is sough		diture # slicable)	Event #	!		\$375.00		
Name of Payee Brock Weber			Date of Payr		D D	rment neck # <u>112</u> ebit Card		
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052		
Purpose of Expend FNDR *	Description Cost to Print and Mail Invitation to Fundraiser					Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		diture # slicable)	Event #			\$820.59		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT		
Lumaj Explore				January 10 Filin	g - Original		
N. Expenses Paid By Committee							
Name of Payee Brock Weber			Date of Payri 11/30/20		1 —	neck # 111 ebit Card	
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend CNSLT Description Signing incentive						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$5,000.00	
Name of Payee Brock Weber Date of Payment 11/30/2016					Method of Payment X Check # 110 Debit Card EFT		
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend CNSLT	Description November Contract Payment					Amount	
which reimbursement is sough	— I …i	diture # dicable)	Event #			\$2,000.00	
Name of Payee Anedot			Date of Payn 11/30/20		1 =	neck # ebit Card	
Street Address PO Box 84314	<u>. </u>	City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend BNK	Description November 2016 Credit card fees					Amount	
which reimbursement is sough		diture # //dicable)	Event #			\$77.83	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with	h Commission)			ТҮРЕ О	OF REPORT		
Lumaj Explore				January 10 Filin	g - Original		
N. Expenses I	Paid By Commi	ttee					
Name of Payee TD Bank			Date of Pays			rment neck # ebit Card	
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend Description November Account Fees		Wolcott				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	\$41.20						
Name of Payee Date of Payment CT Country Rentals 11/30/2016					Method of Payment X Check # 113 Debit Card EFT		
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend OVHD Description December Office space Lease						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Yes Expend No (if appl		Event #	ŧ		\$800.00	
Name of Payee Brock Weber			Date of Pays			vment neck # <u>114</u> ebit Card FT	
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend CNSLT Description December Payment per contract						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	Yes Expend No (if appl		Event #	ŧ		\$2,000.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		TYP	E OF REPORT			
Lumaj Explore			January 10 I	Filing - Original			
	N. Expenses Paid By Committee						
Name of Payee Constant Contact			Date of Payment 12/15/2016	Method of Payment Check # X Debit Card EFT			
Street Address 1601 Trapelo Rd		City Waltham		State Zip Code MA 02451			
Purpose of Expend A-OTH	Description Email Advertising			Amount			
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$40.00						
Name of Payee VistaPrint	Method of Payment Check # X Debit Card EFT						
Street Address 95 Hayden Ave	State Zip Code MA 02421						
Purpose of Expend OFFICE	Description Christmas Cards			Amount			
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #	\$388.68			
Name of Payee Anedot			Date of Payment	Method of Payment Check # Debit Card X EFT			
Street Address PO Box 84314		City Baton Rouge		State Zip Code LA 70884			
Purpose of Expend BNK	Description December credit card fees			Amount			
which reimbursement is sough		diture # licable)	Event#	\$157.99			

	IV	. EXPENDITURE	ES (Sec	ctions N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Ro	egistered with Commiss	sion)				ТҮРЕ О	F REPORT		
Lumaj Explore							January 10 Filing	g - Original		
	N.	Expenses Paid By C	Commit	tee						
Name of Payee TD Bank						Date of Payr		. =	neck # ebit Card	
Street Address 826 Wolcott Rd				City Wolcott				State CT	Zip Code 06716	
Purpose of Expend BNK	Description December Account Fees								I Amount	
Is this expenditure coordinate which reimbursement is soughtful to the sou		Yes No	Expendi (if applic			Event #			\$8.00	
							Total of S	N42 NI	\$25,51	7.68
							1000101	Section IN	Ψ25,51	7.00
	IV.	EXPENDITURES	S (Sect	tions N - S)			Total of	Section IV	Ψ23,31	
NAME OF COMMITTE	IV. E (Provide Complete Name as Ro			tions N - S)			1	PE OF REPO		
NAME OF COMMITTE				tions N - S)			1	PE OF REPO		
NAME OF COMMITTE	E (Provide Complete Name as Re		sion)	tions N - S)			ТҮР	PE OF REPO		
NAME OF COMMITTE Name of Payee (Name of vendor	E (Provide Complete Name as Re O. Expe	egistered with Commiss	sion)	tions N - S)		Date of Paym	TYP January 10 Fi	PE OF REPO		No
	E (Provide Complete Name as Re O. Expe	egistered with Commiss	sion)	tions N - S)	State	Date of Paym	TYP January 10 Fi	PE OF REPO	DRT ment Claimed?	
Name of Payee (Name of vendor	E (Provide Complete Name as Re O. Expe	egistered with Commiss	sion)	tions N - S)	State		TYP January 10 Fi	PE OF REPO	DRT ment Claimed? Yes	

	IV. EXPENDITURI	ES (Section	ıs N -	S)				
NAME OF COMMITTEE (F	Provide Complete Name as Registered with	Commission)				TYPE OF F	REPORT	
Lumaj Explore					Ja	nuary 10 Filing - Ori	iginal	
	P. Expenses Incurred on	n Committe	e Cred	lit Card				
Name of Issuing Institution				Type of Credit Card: Visa Other	Master Ca	ard Discove	er .	American Express
Name of Vendor							Date of Tran	saction
Street Address				City			State	Zip Code
Purpose of Expenditure (by code)	Description							Amount
Is this expenditure coordinated w which reimbursement is sought?		Yes No		Expenditure # (if applicable)	Event #	1		
If yes, assign an Expenditure # ar	nd complete Itemization in Addendum							
						Total of Section P	•	
	IV. EXPENDITUI	RES (Sect	ions N	N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with	Commission)			TYPE O	F REPORT	
Lumaj Explore						January 10 Filing -	Original	
	Q. Expenses Incurred By Commi	ttee but Not	t Paid	During this Period				
Name of Creditor							Date Incurr	ed
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	scription							ount Incurred nate or Actual)
Is this expenditure coordinated with a reimbursement is sought?	another candidate for which	Yes No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # and co	ompletes Itemization in Addendum Q							
					Tota	l of Section Q		

	IV. EXPENI	DITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide Complete	Name as Registere	ed with Comr	mission)			,	ГҮРЕ OF RE	PORT		
Lumaj Explore					,	January	10 Filing - Origir	nal		
R. Itemiza	tion of Reimbur	sements and	d Secondary Pa	ayees						
Last Name of Worker/Consultant	First			MI	Date	of Payme	nt to Vendor		/Consul N: Chec	
										t Card
Name of Vendor Paid by Committee Worker/Consultant				<u> </u>					EFT	
Street Address of Vendor			City					Sta	ate	Zip Code
Purpose of Expenditure (by code)										
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)			Event #				Amount
If yes, assign an Expenditure # and completes Itemization in	Addendum R									
						Total of	Section R			
	IV. EXPI	ENDITUR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete	e Name as Register	ed with Com	mission)			,	ГҮРЕ OF RE	PORT		
Lumaj Explore						January	10 Filing - Origir	nal		
S	. Surplus Distri	bution of E	quipment and	Furniture						
Name of Recipient										
Street Address		City			State	;	Zip Code			Original Purchase Amount of Item
Description of Item					•		<u> </u>		1	
							Total of S	ection S	;	

	Section J4. ADDENDUM			
NAME OF COMMITTEE				TYPE OF REPORT
J4. In - Kind Donation	ons Not Considered Contribution Asso	ciated with a Ho	use Pa	arty - Addendum
Event #				
Name of Candidate				
	Section N. ADDENDUM			
NAME OF COMMITTEE				TYPE OF REPORT
	N. Expenses Paid By Committee - Ac	ldendum		
Expenditure #			Amo	ount of Expenditure
Name of Candidate		Off	ice Soug	ght
	Section P. ADDENDUM			
NAME OF COMMITTEE				TYPE OF REPORT
P	. Expenses Incurred on Committee Cr	edit Card - Adde	ndun	1
Expend	iture #		Amo	ount of Expenditure
Name of Candidate		•	Off	ice Sought

Section Q. ADDENDUM		4
NAME OF COMMITTEE		TYPE OF REPORT
Q. Expenses Incurred by Committee but Not I	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
Expenditure #		Amount of Expenditure