# **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 <b>Bristo</b>	ol		State CT		Zip Code <b>06010</b>		
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 <b>Lumaj</b>			Suffix		
9. TYPE OF REPORT									
January 10 Filing - Amendment									
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	10/01/2016	thru	J	12/31/2016					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.									
Electronic Filing	Scott Cleary			01/1	7/2017 3	3:21:25PM	ı		
SIGNATURE	PRINT NAME OF THE	E SIGNE	≟R	DATE	CERTIFIED				
A Person who is found to have knowing to \$25,000, unless a fine of a larger a							of up		

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

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Lumaj Explore	January 10 Filing - Amendment						
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$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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I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Lumaj Explore			January	/ 10 Filing - Amendmer	nt	
A. Total Contributions from Small Contributors-Received this Period	od O	NLY		For Nonpartic	ipating Cand	idates ONLY
B. Itemized Contributions from	m 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			R Equitie			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a lol dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x <sub>No</sub>		
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
in 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			lir Paintir			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a lol dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative				x <sub>No</sub>		
Is this contribution associated with  Yes  Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1?    X   No	10/	01/2016		\$375.00		\$375.00
	L				l	
Last Name	First				MI	Contribution ID #
Pjetri Residential Street Address	City	Ernest			C+-+-	0062
461 Central Park W Apt L1	City	New York			State NY	Zip Code 10025
Principal Occupation	<u> </u>	Name of Employer			INI	10023
Resident Manager			Manager	ment		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lol	obyist, spou	se, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a 1000yist?	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate	Contributions	-	
an event reported in Section J1?	Date	ROCIVOI	. iggi cgate	Contitutions		
If yes, list Event # Cash No Cash No Credit/Debit Card	10/	01/2016		\$375.00		\$375.00

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore			January 10 Filing - Amendmen	nt	
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	L	Rye		NY	10580
Principal Occupation  Manager		Name of Employ	er 82 CORP		
				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:  Executive Legislative			x <sub>No</sub>		
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	10/0	01/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Mitaj	FIISt	Shaque		IVII	0064
Residential Street Address	City	Shaqae		State	Zip Code
1516 Hawthorne St		Bronx		NY	10469
Principal Occupation	•	Name of Employ	er		•
Supervisor		The M	laritime Hotel	_	
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	nt of Contribution
If yes, indicate which branch or branches of		dependent child (			
government the contract is with:  Legislative  Legislative	Dete	D i 4			
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	10/0	01/2016	\$375.00		\$375.00
If yes, list Event #	20,	01, 2010	ψ373.00		4575.00
Last Name	First			MI	Contribution ID #
Trumalaj		Orsin			0065
Residential Street Address	City			State	Zip Code
2543 Poplar St	<u> </u>	Bronx		NY	10461
Principal Occupation		Name of Employ			
Handyman  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  X No	o	dependent child of		Aillot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  Is the contribution associated with  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 11?					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	10/0	01/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Trumalaj	FIISt	Angela		IVII	0066
Residential Street Address	City	7 ligeld		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?  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 Mathod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			55 -5		
If yes, list Event #	10/0	02/2016	\$375.00		\$375.00

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L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore	aj Explore January 10 Filing - Amendmer				
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		
Is contributor a principal of a state contractor or prospective state contractor?  Yes X N.			obbyist, spouse, or	Amou	ant of Contribution
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
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/	07/2016	\$375.00		\$375.00
If yes, list Event #	20/	07,2020	ψ370.00		
Last Name	First			MI	Contribution ID #
Mernacej		Jolanda			0095
Residential Street Address	City			State	Zip Code
1667 Williamsbridge Rd		Bronx		NY	10461-6201
Principal Occupation		Name of Employ			
office of vice president			t sinai hospital		
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?	Amou	unt of Contribution
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>		
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	Aggregate Contributions		
X No Cash X Personal Check	10/	08/2016	\$375.00		\$375.00
If yes, list Event #					
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	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of		Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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/	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?  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		acpendent clind (	x No		
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date		op-ogate continuations		
X No	10/	08/2016	\$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 - Amendment								
B. Itemized Contributions fro	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Vataj		Ljulja			0073			
Residential Street Address	City			State	Zip Code			
37364 Charteroaks Blvd	<u> </u>	Clinton Town	•	MI	48036			
Principal Occupation		Name of Employ						
Prep Cook  Is contributor a principal of a state contractor or prospective state contractor?		Nikie Is contributor a l	11.14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
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    If yes, list Event # Cash Personal Check   Money Order   Credit/Debit Card	10/	10/2016	\$375.00		\$375.00			
	I =: .			l	La .a . p.			
Last Name	First			MI	Contribution ID #			
Luljana Residential Street Address	City	Cunta		State	0076 Zip Code			
2552 35th St Apt 1B	City	Queens		NY	11103			
Principal Occupation		Name of Employ	er	141	11103			
Cashier			Restaurant					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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 <sub>No</sub>					
Is this contribution associated with  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	10/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gjonlekaj	1 1130	Hana		1411	0072			
Residential Street Address	City			State	Zip Code			
2326 Wickham Ave		Bronx		NY	10469			
Principal Occupation	•	Name of Employ	er					
Student		None						
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 child (	x No					
government the contract is with:  Is this contribution associated with  Method of contribution:	I B.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	10/	14/2016	\$375.00		\$375.00			
If yes, list Event #	10,	- 1, 2010	φ373.00		<del></del>			
Last Name	First			MI	Contribution ID #			
Mazia		Mirjan			0067			
Residential Street Address	City			State	Zip Code			
2326 Wickham Ave		Bronx		NY	10463			
Principal Occupation		Name of Employ						
Proter			nine Maidian Cone					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			30 0					
If yes, list Event # Cash No Credit/Debit Card	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 - Amendmen	nent		
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			x <sub>No</sub>			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?  Yes  Cash  Personal Check						
X No	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	L	Bronx		NY	10469	
Principal Occupation		Name of Employ				
Secretary			Seventy Associates LLC	۸	unt of Contribution	
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	Amot	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>			
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			1.99.18			
X No Cash X Personal Check	10/	15/2016	\$375.00		\$375.00	
If yes, list Event #		,	·		·	
Last Name	First			MI	Contribution ID #	
Gjergji		Ane			0069	
Residential Street Address	City			State	Zip Code	
3080 E Tremont Ave Apt 1G		Bronx		NY	10461	
Principal Occupation		Name of Employ	er			
Homemaker		None				
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			
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Dute	10001100	1.88.08ate continuations			
X No Cash X Personal Check	10/	15/2016	\$375.00		\$375.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Ndreca		Mirande			0070	
Residential Street Address	City			State	Zip Code	
1841 Williamsbridge Rd Apt 1G		Bronx		NY	10461	
Principal Occupation		Name of Employ	er			
None		None				
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 <sub>No</sub>			
Is this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Date		op-ogate continuations			
X No Cash X Personal Check	10/	15/2016	\$375.00		\$375.00	
If yes, list Event #	Ī			I		

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I. 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 - Amendment				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pieter		Mazio			0074
Residential Street Address	City			State	Zip Code
461 Central Park W # L1		New York		NY	10025
Principal Occupation  Security		Name of Employ	er e Security Company INC		
		,	obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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/	15/2016	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Dekaj	Tiist	Monjole		IVII	0077
Residential Street Address	City			State	Zip Code
661 Central Park W # L1		New York		NY	10025
Principal Occupation		Name of Employ	er		•
Hair Stylists		Kolar	Bair		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent ennu (			
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Personal Check	10/	15/2016	\$100.00		\$100.00
If yes, list Event #				<u> </u>	
Last Name	First			MI	Contribution ID #
Milaj		Klodian			0094
Residential Street Address	City	_		State	Zip Code
2428 Matthews Ave Apt D3 Principal Occupation		Bronx Name of Employ	ou.	NY	10467
Waiter			er as Restruant		
			obbyist, spouse, 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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?    X   No		. = /2.2.4	4050.00		1050.00
If yes, list Event # No Money Order Credit/Debit Card	10/	17/2016	\$350.00		\$350.00
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		Name of Employ			
Electrical Engineer			Mechancial Controls Co Inc.	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  Government the contract is with:  Executive Legislative			x <sub>No</sub>	1	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
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/	17/2016	\$350.00	1	\$350.00

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I. MONETARY RECEIP	TS (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendment					
B. Itemized Contributions from					
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			Capital Business Funding LLC		
Is contributor a principal of a state contractor or prospective state contractor?	No	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 <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	10/	17/2016	\$375.00		\$375.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Tanazaj		Edmond			0141
Residential Street Address	City			State	Zip Code
1845 Bogart Ave # 5C		Bronx		NY	10462
Principal Occupation  Maintenance		Name of Employ	<sup>er</sup> Village Estates		
			obbyjet enouge or	Amou	ant of Contribution
Yes X	No	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?    X   No	10/	17/2016	\$375.00		\$375.00
	<u> </u>				
Last Name Gjini	First	Kolec		MI	Contribution ID # 0132
Residential Street Address	City			State	Zip Code
1858 Coldwn Ave		Bronx		NY	10462
Principal Occupation	-	Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	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 government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with 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/	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		Astoria		NY	11105
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	ant of Contribution
Yes X	No	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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?    X   No   Cash   X   Personal Check	1			i	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore	xplore January 10 Filing - Amendment							
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kalavaci		Nora			0092			
Residential Street Address	City			State	Zip Code			
1650 Williamsbridge Rd # Lb	<u> </u>	Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Homemaker  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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/	19/2016	\$375.00		\$375.00			
				L	La . a . a . p. "			
Last Name Nikolli	First	Ardenis		MI	Contribution ID #			
Residential Street Address	City	Aluenis		State	Zip Code			
2155 Paulding Ave Apt 5E		Bronx		NY	10462-2116			
Principal Occupation		Name of Employ	er	!				
Bartender		J.P. Iı	nc					
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?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
X No Cash Personal Check	10/	10/2016	+200.00		+200.00			
If yes, list Event # Money Order 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						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of  Executive Legislative		dependent ennu (	x No					
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	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  Homemaker		Name of Employ	er emaker					
			-11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	Aillot	an or contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with Mathed 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/	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 - Amendmen	nt	
Lumaj Explore			January 10 Tilling - Amendmen		
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		
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 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?					
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	10/	21/2016	\$300.00		\$300.00
Last Name	First			MI	Contribution ID #
Zaimi		Alban			0083
Residential Street Address	City			State	Zip Code
2324 Boston Rd Apt 9D		Bronx		NY	10467-9052
Principal Occupation		Name of Employe	er		
Export Specialist			oroma Scavoliglo	1	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash No 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	<u> </u>	Carmel		NY	10512
Principal Occupation		Name of Employ			
Owner		Gjok :			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or  f a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with A 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/	21/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Selca		Leze			0148
Residential Street Address	City			State	Zip Code
584 Horsepound Rd		Carmel		NY	10512
Principal Occupation		Name of Employe			
Assistant		Gjok			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	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 <sub>No</sub>		
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			•		
If yes, list Event # Cash X Personal Check  No Money Order Credit/Debit Card	10/	21/2016	\$375.00		\$375.00

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I. MONETARY RECEIPTS (Section A-I)								
	<b>5 (5</b> )	ection A-1)	TYPE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	\ <b>+</b>				
Lumaj Explore			January 10 Filing - Amendmer	ıı				
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Jakaj		Marash			0145			
Residential Street Address	City			State	Zip Code			
11 School St Apt 13		Clinton		NY	08809-1387			
Principal Occupation		Name of Employ	er	•	•			
Property Manager		Clinto	n Gouder Association					
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 <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	10/	22/2016	\$375.00		\$375.00			
If yes, list Event #		-						
Last Name	First			MI	Contribution ID #			
Jakaj		Diella			0146			
Residential Street Address	City	2.00		State	Zip Code			
11 School St Apt 13	City	Clinton		NY	08809-1387			
Principal Occupation		Name of Employ	or	111	00009-1307			
Cleaner		ABM	CI					
			abbreigt apparage or	A	ant 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?	Alliou	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/	22/2016	\$375.00		\$375.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Likaj		Bledi			0082			
Residential Street Address	City			State	Zip Code			
7418 21st Ave Apt 1st		East Elmhurs	st	NY	11370-1119			
Principal Occupation		Name of Employ	er					
President		Amer	ican Contracting 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 <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash X Personal Check	10/	22/2016	\$375.00		\$375.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Sonila		Shoshi			0085			
Residential Street Address	City	0.1001.11		State	Zip Code			
555 Bronx River Rd	City	Yonkers		NY	10704			
Principal Occupation		Name of Employ	ar .	'''	10704			
Hairdresser			Duig of Italy					
			abbreigt anguag or	Amor	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Aiiiou	int of Contribution			
If yes, indicate which branch or branches of			x <sub>No</sub>					
government the contract is with:  Executive Legislative	Б.	D : 1		1				
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
x   a     n		20 (20 : -			1400 0-			
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	10/	22/2016	\$100.00		\$100.00			

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I. 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 - Amendme				nt	
B. Itemized Contributions from	m 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		Name of Employ	er		
Retired  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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/	22/2016	\$100.00		\$100.00
I story out Citables and				l	
Last Name	First			MI	Contribution ID #
Malteri		Vitre		_	0087
Residential Street Address	City	1441 :		State	Zip Code
10 Old Mamormech Rd	<u> </u>	White Plains	on.	NY	10605
Principal Occupation  Retired		Name of Employ None	er		
			obbyist, spouse, 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:  Executive Legislative			x <sub>No</sub>		
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    Money Order   Credit/Debit Card	10/	22/2016	\$100.00		\$100.00
If yes, list Event #				<u> </u>	
Last Name	First			MI	Contribution ID #
Lucian		Рера			0078
Residential Street Address	City	_		State	Zip Code
1663 Williamsbridge Rd	<u> </u>	Bronz		NY	10461
Principal Occupation Plumber		Name of Employ	wood Mechanical		
			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	37		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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  Money Order Credit/Debit Card	10/	22/2016	\$50.00		\$50.00
I you, is a very order.				<u> </u>	
Last Name	First			MI	Contribution ID #
Venet		Berisha		_	0079
Residential Street Address	City	Now York		State	Zip Code
2455 Fredick Douglas Principal Occupation		New York Name of Employ	or	NY	10027
Concierge			ws Building Organization		
			abbriet enauge or	Amou	ant of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?  Yes  X Cash  Personal Check					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	10/	22/2016	\$50.00		\$50.00

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I MONETADY DECEME	0 (0	A T			
I. MONETARY RECEIPT	2 (20	ection A-1)	TWDE OF DEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Type OF REPORT  January 10 Filing - Amendment					
Lumaj Explore			Sandary 10 1 ming - Amendmen		
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		Name of Employ	er		
Waiter		Resta	ruant Coffee		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with  Yes  Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	10/	23/2016	\$100.00		\$100.00
Noney order Cadabon Cada					
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 l	obbyist, spouse, or Yes	Amou	nt of Contribution
	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No T	10/	24/2016	\$250.00		\$250.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Dodi		Anxhela			0080
Residential Street Address	City			State	Zip Code
1778 W 12th Fl 2		Brooklyn		NY	11223-1101
Principal Occupation		Name of Employ	er	•	
Waitress		Vegas	Dinner		
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 <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No  Total Control Control	10/	24/2016	\$250.00		\$250.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Demaliaj		Kreshnik			0119
Residential Street Address	City			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?			obbyist, spouse, or	Amou	unt of Contribution
	)	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?  Yes  Cash  Regronal Check					
x No	10/	24/2016	\$350.00		\$350.00
If yes, list Event # Money Order	ı			I	

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L 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 - Amendmen				nt	
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	Voc	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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/	24/2016	\$350.00		\$350.00
				l	
Last Name	First	7.6		MI	Contribution ID #
Rudovic Residential Street Address	City	Zefa		State	O142 Zip Code
36 Miller Hill Rd	City	Hopewell Jct		NY	12533
Principal Occupation	<u> </u>	Name of Employ	er	INI	12555
Property Manager		Ljjole			
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	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/	25/2016	\$375.00		\$375.00
				l . <i></i>	Laurin
Last Name Pllumaj	First	Ciorgi		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	<u> </u>	
Porter		Prope	rty Work 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	5	dependent child of	or a robbyist?		
government the contract is with:			x <sub>No</sub>		
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?	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		pem emid (	x No		
Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date				
X No Cash X Personal Check	10/	25/2016	\$200.00		\$200.00
If yes, list Event #	Ι΄.		·	I	

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore January 10 Filing - Amendmen					
B. Itemized Contributions from	n 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		Name of Employ	er		
Assistant Nurse		Audre	y Despositio		
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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/	25/2016	\$375.00		\$375.00
If yes, list Event #		•			·
Last Name	First			MI	Contribution ID #
Shkreli		Pjeter			0131
Residential Street Address	City	1 Jetel		State	Zip Code
4 Loosestriff Dr	City	Honowoll 1ct		NY	12533
Principal Occupation		Name of Employ	24	INI	12333
		1 ,			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:					
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 # Cash Credit/Debit Card	10/	25/2016	\$200.00		\$200.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Beqiri		Mimoza			0114
Residential Street Address	City			State	Zip Code
4216 Oneida Ave Apt 1B		Bronx		NY	10470
Principal Occupation		Name of Employ	er	-	
Housekeeping		Hotel	Trump SOHO		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
× No F cash	10/2	25/2016	\$350.00		\$350.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Begiri		Baki			0115
Residential Street Address	City			State	Zip Code
4216 Oneida Ave Apt 1B		Bronx		NY	10470
Principal Occupation		Name of Employ	er	····	
Porter		Tower			
			obbyict chause or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Aillou	or contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Dot-	Pagaiyad		1	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	1	25/2016	+250.00		±250.00
If yes, list Event # Money Order Credit/Debit Card	10/2	25/2016	\$350.00		\$350.00

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A MONEMARY DE OFFICE	0 (0				
I. MONETARY RECEIPT	5 (5)	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	-1	
Lumaj Explore January 10 Filing - Amendmen					
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		Valbo	ne LLC		
			obbyist spays or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
TAL 49 6 14 1 M - MAIL 6 49 6	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash X Personal Check	10/	26/2016	\$350.00		\$350.00
If yes, list Event #		•			•
Last Name	First			MI	Contribution ID #
Camaj		Fadil			0110
Residential Street Address	City	- Tuuii		State	Zip Code
2195 Muliner Ave Apt 2F	City	Bronx		NY	10462
Principal Occupation		Name of Employ	on.	INI	10402
		1 7			
Carpentier			Improving Service		1 60 17 5
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt 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 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/	27/2016	\$350.00		\$350.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Hoxha		Florin			0117
Residential Street Address	City			State	Zip Code
2324 Boston Rd Apt 2B		Bronx		NY	10467
Principal Occupation		Name of Employ	er	-	
Property Manager		Delta	Properties Group		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
	)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
× No F cash	10/	27/2016	\$350.00		\$350.00
If yes, list Event #					
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	<del></del>	<u> </u>
President			Construction Inc.		
			obbyist, spouse, or	Amor	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	100	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with  Method of contribution:	Dete	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Continuations		
X No Cash X Personal Check	10"	27/2016	#27F 00		#27E 00
If yes, list Event # Money Order Credit/Debit Card	1 10/.	27/2016	\$375.00		\$375.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore January 10 Filing - Amendme					
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
O'Neill		Mark			0157
Residential Street Address	City			State	Zip Code
7439 62nd St		Ridgewood		NY	11385
Principal Occupation		Name of Employ	er		
Mason		Kings	pan Construction		
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	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
T41 (3.6 1/1.14 — M4.16 (3.6	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
x No Cash x Personal Check	10/	27/2016	\$100.00		\$100.00
If yes, list Event #	,		4		
Last Name	First			MI	Contribution ID #
Lumaj	1 1150	Xhevahir			0155
Residential Street Address	City	Allevallii		State	Zip Code
	City	Dunny		NY	1
4314 Richardson Ave # 1F	_	Bronx Name of Employ		INT	10466
Principal Occupation		1 7			
Builder			ide Construction 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 (	<u> </u>		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?  Cash  Personal Check					
If yes, list Event # Cash Credit/Debit Card	10/2	29/2016	\$375.00		\$375.00
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		Name of Employ	er	•	-
Supervisor		IFAth	om Corp		
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:			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	10/2	29/2016	\$300.00		\$300.00
If yes, list Event #		•			•
Last Name	First			MI	Contribution ID #
Volaj		Mark			0149
Residential Street Address	City	Hark		State	Zip Code
644 W 204th St Bsmt	City	Now York		NY	10034
		New York  Name of Employ	or.	I '''	10034
Principal Occupation					
Superintendent			Management		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?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	10/	29/2016	\$375.00		\$375.00

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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 - Amendmen					
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		Name of Employ			
President  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	Vac	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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
	L .			I	
Last Name	First	D: 1		MI	Contribution ID #
Lekaj  Residential Street Address	City	Pjeter		State	0129 Zip Code
1816 Pailding Ave	City	Bronx		NY	10462
Principal Occupation		Name of Employ	er	141	10402
Maintenance			Service Group Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	<u></u>		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash X Personal Check	l				
If yes, list Event # Money Order Credit/Debit Card	10/	29/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Kurtmetaj	1 1150	Astrit			0120
Residential Street Address	City			State	Zip Code
390 Wythe Ave Apt 1D		Brooklyn		NY	11249-5137
Principal Occupation		Name of Employ	er	-	•
Superintendent		Willia	ms Lofts		
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		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		
X No Cash X Personal Check	10/	29/2016	\$300.00		\$300.00
If yes, list Event #					
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 principal of a state contractor or prospective state contractor?			an Realty 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		7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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 RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore	Lumaj Explore January 10 Filing - Amendme				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Volaj		Ana			0123
Residential Street Address	City			State	Zip Code
117 Seaman Ave Bsmt	L .	New York		NY	10034
Principal Occupation  Cleaner Woman		Name of Employ	<sup>er</sup> Janitorial Service		
			abbriet anauga as	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 <sub>No</sub>		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X   No	10/2	29/2016	\$375.00		\$375.00
L AV	F: .				I c . i . i . m "
Last Name	First	David		MI	Contribution ID # 0124
Tinaj  Residential Street Address	City	Daviu		State	Zip Code
173 First St		Yonkers		NY	10704
Principal Occupation	_	Name of Employ	er		!
Plasterman		Nomis	S Contracting Corp		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	or a 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 X Personal Check	10/	29/2016	\$375.00		\$375.00
If yes, list Event #	10/.	29/2010	\$373.00		\$373.00
Last Name	First			MI	Contribution ID #
Gjongecaj		Mustaf			0118
Residential Street Address	City			State	Zip Code
48 Blockford Ave Apt 2	<u> </u>	Yonkers		NY	10709
Principal Occupation		Name of Employ			
Superintendent			Royal Inc.		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
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	10/2	29/2016	\$350.00		\$350.00
					La va va mu
Last Name Margjehaj	First	Marjana		MI	Contribution ID # 0109
Residential Street Address	City	Marjana		State	Zip Code
2349 Crossing Way		Wayne		NJ	07470
Principal Occupation		Name of Employ	er		•
None		None			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of  Executive Legislative		cina c	x No		
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			300 304410410110		
X No   X Cash   Personal Check   If yes, list Event #   Money Order   Credit/Debit Card	10/3	30/2016	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I www.onnen	-OD#		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Type OF REPORT  January 10 Filing - Amendment					t	
Lumaj Explore					•	
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  Carpenter		Name of Employe Metro	<sup>er</sup> politian LLC			
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	9	dependent child of	it a lobbyist?			
government the contract is with:  Is this contribution associated with  Method of contribution:	Doto	Received	Aggregate Contributions	X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash X Personal Check    Money Order	10/	30/2016	\$350.0	0		\$350.00
If yes, his Event#						
Last Name	First				MI	Contribution ID #
Tinaj	a:	Gjelina			a	0125
Residential Street Address  173 First St	City	Vankora			State	Zip Code 10704
Principal Occupation		Yonkers Name of Employe	er		NY	10704
Cleaner			Cleaning Service			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or P	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	o	dependent child o	f a lobbyist?			
government the contract is with:  Is this contribution associated with  Method of contribution:	Doto	Received	Aggregate Contributions	X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	10/	30/2016	\$375.0	0		\$375.00
Last Name	First	-			MI	Contribution ID #
Mashi	1 1150	Kole				0127
Residential Street Address	City				State	Zip Code
3044 Valentine Ave Apt B4		Bronx			NY	10458
Principal Occupation		Name of Employ				
Commercial Manager			s Parmont			
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	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			
x No Cash X Personal Check	10/	30/2016	\$375.0	0		\$375.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Рерај		Vitore				0135
Residential Street Address	City				State	Zip Code
160 Dante Ave	<u> </u>	Tuckahoe			NY	10707-3015
Principal Occupation  Accountant		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			ry Hospital obbyist, spouse, or	Yes	Amou	nt of Contribution
If we indicate which branch or branches of	U	dependent child of	ii a lobbyist?			
government the contract is with:  Executive Legislative			L	x No		
Is this contribution associated with  an event reported in Section 112  Yes  Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?		20/2016				+275.00
If yes list Event # Cash Credit/Debit Card	10/	30/2016	\$375.0	υ		\$375.00

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I. MONETARY	RECEIPTS	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Co		`	,	TYPE OF REPORT		
Lumaj Explore				January 10 Filing - Amendmen	nt	
B. Itemized Contri	butions from	Ind	ividuals			
Last Name		First			MI	Contribution ID #
Pepaj			Fran			0136
Residential Street Address		City			State	Zip Code
160 Dante Ave			Tuckahoe		NY	10707-3015
Principal Occupation  Porter			Name of Employ	er all Brooklaudo Corp.		
				obbyist, spouse, or	Amou	nt of Contribution
	Yes X No		dependent child o	Vac		
If yes, indicate which branch or branches of government the contract is with:	ve		_	x <sub>No</sub>		
Is this contribution associated with  An event reported in Section 112  Yes  Wethod of contribution:		Date	Received	Aggregate Contributions		
an event reported in Section 31:	sonal Check					
If yes, list Event # Cash Pers    Cash Pers   Pers	dit/Debit Card	10/3	30/2016	\$375.00		\$375.00
Last Name		First			MI	Contribution ID #
Vuktilaj		FIISt	Sokol		IVII	0137
Residential Street Address		City	3000		State	Zip Code
635 E 211th St			Bronx		NY	10467
Principal Occupation	-		Name of Employ	er		
Plasterman			Loren	zo's Improvement		
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No			obbyist, spouse, or  General Advanced Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	103		dependent child o	a loodyist?		
government the contract is with:	ve			x No		
Is this contribution associated with an event reported in Section J1?  Yes Method of contribution:		Date !	Received	Aggregate Contributions		
- II I	sonal Check	10/5	20/2016	¢275.00		¢275.00
If yes, list Event # Money Order Crec	dit/Debit Card	10/3	30/2016	\$375.00		\$375.00
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 Employe	er		
President				zo's Improvement		
Is contributor a principal of a state contractor or prospective state contractor?	$_{Yes}  \boxed{\textbf{x}}  _{No}$		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 Legislativ	ve		•	x <sub>No</sub>		
government the contract is with:	1	Date :	Received	Aggregate Contributions		
an event reported in Section J1?						
× No	sonal Check dit/Debit Card	10/3	30/2016	\$375.00		\$375.00
in yes, list avent in	and Debit Card					
Last Name		First			MI	Contribution ID #
Bujaj Residential Street Address		C'i	Flora		G	0139
69 Brinxville Rd Apt G1 `		City	Yonkers		State NY	Zip Code 10708-6117
Principal Occupation			Name of Employe	er	INI	10700-0117
Cleaner				Cleaning Service		
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of			dependent child of	a lobbyist:		
government the contract is with:	ve			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?		Date !	Received	Aggregate Contributions		
- II I I I I I I I I I I I I I I I I I	sonal Check	10/	30/2016	\$375.00		\$375.00
If yes, list Event #	dit/Debit Card	10/3	00/2010	\$3/5.UU		φυ/ υ.υυ

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	0 (0				
I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Lumaj Explore January 10 Filing - Amendmen					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bujaj		Pjeter			0140
Residential Street Address	City			State	Zip Code
69 Brinxville Rd Apt G1 `		Yonkers		NY	10708-6117
Principal Occupation		Name of Employ	er		
Superintendent		VCJV			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	_	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with  an event reported in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # Cash Credit/Debit Card	10/	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		Bronx		NY	10462
Principal Occupation		Name of Employ	er		
Cleaner			fteen Park Ave South LP		
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 (	<u> </u>		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with  or expert separated 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/	30/2016	\$375.00		\$375.00
-				<u>!</u>	r
Last Name	First			MI	Contribution ID #
Preldakaj		Ardjan			0153
Residential Street Address	City	_		State	Zip Code
2020 Paulding Ave Fl 2		Bronx		NY	10462
Principal Occupation		Name of Employ			
Plasterman			bay 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	int of Contribution
If yes, indicate which branch or branches of			x <sub>No</sub>		
government the contract is with:	В.	D : 1			
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
x No Cash x Personal Check	10/	20/2016	#27F 00		¢27E 00
If yes, list Event #	10/.	30/2016	\$375.00		\$375.00
LadVana	Einst.			MI	Ct-ib-ti ID#
Last Name	First	Alda		IVII	Contribution ID #
Pllumaj  Residential Street Address	City	Aldo		Ct-t-	0144
1870 Hutchinson River Pkwy	City	Propy		State NY	Zip Code 10461
		Bronx Name of Employ	or.	INT	10461
Principal Occupation  Concierge		Name of Employ	Court Corp.		
			abbreigt anguag or	Δmou	unt 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 <sub>No</sub>		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date		DE GRACE COMMINATIONS		
X No Cash X Personal Check	10/	30/2016	\$375.00		\$375.00
If yes, list Event # Money Order Credit/Debit Card	I - 5/	20,2010	ψ5/5.00		40,0100

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore			TYPE OF REPORT			
Lumaj Explore						
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 Principal Occupation		Wayne			NJ	07470-4733
Custodian		Name of Employ Roche	elle Pond BOD			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?  Yes  Cash  Regresonal Check						
If yes, list Event # Cash   X   Personal Check   Money Order   Credit/Debit Card	10/	30/2016	\$200.00			\$200.00
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			
Cleaner		ABM				
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:  Executive Legislative		dependent enna c	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?  Yes  X No  Cash  X Personal Check	10/	21/2016	¢200.00			t 200 00
If yes, list Event # Money Order Credit/Debit Card	10/.	31/2016	\$300.00	$\perp$		\$300.00
Last Name	First				MI	Contribution ID #
Hoxha		Medi				0113
Residential Street Address	City				State	Zip Code
2324 Boston Rd Apt 2B		Bronx		$oldsymbol{\bot}$	NY	10467
Principal Occupation		Name of Employ				
Broker  Is contributor a principal of a state contractor or prospective state contractor?			Properties Group obbyist, spouse, or		Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of		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 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/	31/2016	\$350.00		:	\$350.00
I ov	Б				\	C (I C ID)
Last Name	First				MI	Contribution ID # 0121
Murati Residential Street Address	City	Arjana		$\dashv$	State	Zip Code
3076 21st St Apt 1	City	Astoria			NY	11102
Principal Occupation		Name of Employ	er			
Cleaning Lady			Building Maintaining			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amour	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 Credit/Debit Card	11/	01/2016	\$350.00		:	\$350.00

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I MONETA DV DECEMBER (C. P. A. D.							
I. MONETARY RECEIPT	5 (5)	ection A-I)	I				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT							
Lumaj Explore January 10 Filing - Amendmen							
B. Itemized Contributions from	n 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	er				
Carpenter		Leo's	Construction				
			obbyict enouge or	Amou	unt 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 <sub>No</sub>				
Table 19 at 10 to	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
X No Cash X Personal Check	11/	01/2016	\$375.00		\$375.00		
If yes, list Event #	/	01, 2010	φ575100				
Last Name	First			MI	Contribution ID #		
	1 1130			.,,,	0160		
Tinaj Residential Street Address	City	Luigj		State	Zip Code		
	City	D			1		
1769 Eastburn Ave Apt Bb		Bronx		NY	10457		
Principal Occupation		Name of Employ					
Superintendent			rintendent				
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		асренаен сина с					
government the contract is with:			x <sub>No</sub>				
Is this contribution associated with  Yes  Yes	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # Cash Credit/Debit Card	11/	01/2016	\$375.00		\$375.00		
,							
Last Name	First			MI	Contribution ID #		
Tinaj		Ladovic			0161		
Residential Street Address	City			State	Zip Code		
215 W 84th # 608		Manhattan		NY	10024		
Principal Occupation		Name of Employ	er				
Residential Manager		Eagle	Court 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 Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
X No	11/	01/2016	\$375.00		\$375.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Permeti		Panajot			0158		
Residential Street Address	City			State	Zip Code		
198 14-30th Ave FLR 2nd		Flushing		NY	11358		
Principal Occupation		Name of Employ	er		11000		
Owner			Euro Remodeling				
			abbyist spanse or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	111100			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>				
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	ACCEIVEU	Aggregate Contributions				
X No Cash X Personal Check	11.	02/2016	#200 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 RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendmer					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ylli		Gega			0108
Residential Street Address	City	_		State	Zip Code
2155 Paulding Ave Apt 5E	<u> </u>	Name of Employe		NY	10462
Principal Occupation  Driver			Express		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		аерепаені спііа о	x N	0	
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?			1-88-18411		
If yes, list Event #   X No   X Cash   Personal Check   Money Order   Credit/Debit Card	11/	02/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dekaj		Ilir			0303
Residential Street Address	City			State	Zip Code
1163 Mocken Dr		West Palm Be	each	FL	33406
Principal Occupation		Name of Employe	er	-	•
Owner		Gener	al tile & stonerestoration l	lc	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		аеренаені сппа о	x N	o	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?  X No Cash Personal Check	11/	06/2016	\$375.00		\$375.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Dekaj		Prek			0304
Residential Street Address	City			State	Zip Code
46717 Breckenridge Dr	<u> </u>	Macomb		MI	48044
Principal Occupation		Name of Employe			
tile setter  Is contributor a principal of a state contractor or prospective state contractor?				Amo	unt of Contribution
Yes A No	0	dependent child o		es	ant of continuation
If yes, indicate which branch or branches of government the contract is with:			x N	о	
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   No   Money Order   X Credit/Debit Card	11/	07/2016	\$375.00		\$375.00
Last Name	First	•		MI	Contribution ID #
Dekaj	First	Lek		IVII	0305
Residential Street Address	City	LCK		State	Zip Code
503 Rich Dr		Palm Springs		FL	33406
Principal Occupation		Name of Employe	er	-	!
tile seter		Larry's	s Tile		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			X N	о	
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	11/	11/2016	\$375.00		\$375.00

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>U (</del>	cenon /x-1)	TYPE OF REPORT				
Lumaj Explore January 10 Filing - Amendment				nt			
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		NY	11103		
Principal Occupation		Name of Employ	er				
Hair Stylist		Jean	Leon Hair 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 <sub>No</sub>				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in section 31:							
₩ No   □	11/	11/2016	\$200.00		\$200.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Popaj		Gjek			0307		
Residential Street Address	City			State	Zip Code		
357 E 57th St Apt 2A		New York		NY	10022		
Principal Occupation		Name of Employ	er				
Owner		GP Re	estoration				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:			x <sub>No</sub>				
Is this contribution associated with  Yes  Wethod of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Credit/Debit Card	11/	13/2016	\$250.00		\$250.00		
Last Name	First			MI	Contribution ID #		
Mengjiqi		Adnan			0425		
Residential Street Address	City			State	Zip Code		
2182 Barmes Ave		Bronx		NY	10462		
Principal Occupation		Name of Employ					
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	int of Contribution		
If yes, indicate which branch or branches of			x <sub>No</sub>				
government the contract is with:	D.	D : 1					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions				
No X 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 #		
Gjoni	11130	Mikel		IVII	0426		
Residential Street Address	City	Pilkei		State	Zip Code		
1288 Crosby Ave	City	Bronx		NY	10461		
Principal Occupation		Name of Employ	er		10401		
Manager		Mpow					
			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 <sub>No</sub>				
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	l 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 - Amendment					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
malshvti		Peter			0427
Residential Street Address	City			State	Zip Code
1419 May Flower Ave		Bronx Name of Employ	or.	NY	10461
Principal Occupation Handyman		Peter			
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 Sash Personal Check    Money Order   Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First	-		MI	Contribution ID #
Shabi	FIISt	Emilian		MII	0428
Residential Street Address	City	Lillillali		State	Zip Code
1844 Colden Ave		Bronx		NY	10462
Principal Occupation		Name of Employ	er		
Construction		Atlant	tis Renovation		
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:  Executive Legislative		dependent child of	of a lobbyist?		
Is this contribution associated with  an event reported in Section 112  X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
No No Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A		•	•		•
Last Name	First			MI	Contribution ID #
Mico		Ardian			0429
Residential Street Address	City			State	Zip Code
2106 74th St # 1F	<u> </u>	Brooklyn		NY	11204
Principal Occupation  Construction		Name of Employ	<sup>er</sup> n Construction		
				Amoi	unt of Contribution
Yes 🔼 No	0	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with  an event reported in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions	1	
all event reported in Section 31?					
If yes, list Event # 11132016A No Sometimes of the No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Djuraf		Koviz			0430
Residential Street Address	City			State	Zip Code
107 Old Well Rd		Purchase		NY	10577
Principal Occupation		Name of Employ			
Superintendent  Is contributed a minimal of a state contractor or mean active state contractor?		Sealn Is contributor of	abbriet anauga ar	1 4	unt 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?	Amot	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
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 No	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 - Amendme	nt						
B. Itemized Contributions from Individuals							
Last Name First	MI	Contribution ID #					
Tinaj		0431					
Residential Street Address City	State	Zip Code					
705 Sullasunna Rd Landing	NJ	07850					
Principal Occupation  Name of Employer  Gorge Comfren and sons							
	Amoi	unt of Contribution					
Yes X No dependent child of a lobbyist? Yes							
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 112  Wes Method of contribution:  Date Received Aggregate Contributions	1						
T   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 #					
Mourounas Mike	IVII	0432					
Residential Street Address City	State	Zip Code					
2438 47th St Astoria	NY	11103					
Principal Occupation Name of Employer	•	•					
construction management First line contracting Inc	_						
Is contributor a principal of a state contractor or prospective state contractor?  Yes No Is contributor a lobbyist, spouse, or yes language to shill of a lobbyist.	Amou	unt of Contribution					
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							
No   X   Cash   Personal Check   11/13/2016   \$100.00		\$100.00					
If yes, list Event # 11132016A							
Last Name First	MI	Contribution ID #					
Berisha Hyshi		0434					
Residential Street Address City	State	Zip Code					
6 Audubon Rd South Salem	NY	10590-2513					
Principal Occupation Name of Employer							
Owner Four Brothers Feyce  Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or	Amor	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor?  Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes	Allo	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Is this contribution associated with  Aggregate Contributions  Page 12  Aggregate Contributions  Page 25  Date Received Aggregate Contributions	1						
an event reported in section 71:							
If yes, list Event # 11132016A No Money Order Credit/Debit Card 11/13/2016 \$350.00		\$350.00					
Last Name First	MI	Contribution ID #					
Lelcaj Engjell	IVII	0437					
Residential Street Address City	State	Zip Code					
610 Cresent Ave	NY	10458					
Principal Occupation Name of Employer	•	•					
Construction Worker Angelo Lelcaj Corp							
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	Amou	unt of Contribution					
If yes, indicate which branch or branches of							
government the contract is with.	-						
IXI voc	i						
an event reported in Section J1?  Cash  Personal Check							

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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 - Amendmen							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Pepaj		Spartak			0438		
Residential Street Address	City			State	Zip Code		
1819 Williamsbridge Rd	<u> </u>	Bronx		NY	10461		
Principal Occupation  Tile Work		Name of Employ	er :is Corp				
				Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac	111100	an of controunon		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>				
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			l	I a		
Last Name	First	Dukita		MI	Contribution ID #		
Jupolli Residential Street Address	City	Rukije		State	0440 Zip Code		
2130 Williams Brg	City	Bronx		NY	10461		
Principal Occupation	<u> </u>	Name of Employ	er				
Housewife		House	ewife				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with:			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	\$350.00		\$350.00		
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/.	13/2016	\$330.00		\$350.00		
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					
Cook			Restorant				
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		•	x No				
government the contract is with:	Date	Received	Aggregate Contributions				
an event reported in Section J1?  X Yes Method of contribution:  X Personal Check							
If yes, list Event # 11132016A No Cash X Personal Check  Money Order Credit/Debit Card	11/:	13/2016	\$375.00		\$375.00		
					I		
Last Name  Buzi	First	Erisa		MI	Contribution ID # 0442		
Residential Street Address	City	LIISG		State	Zip Code		
145 Ward St		Revere		MA	02151		
Principal Occupation		Name of Employ	er		•		
Server		Horpu	ın				
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		acpendent clind (	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						
If yes, list Event # 11132016A No Cash X Personal Check  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 - Amendmen				nt			
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Poraj		Redjan			0443		
Residential Street Address	City			State	Zip Code		
715 Van Nest Ave		Bronx		NY	10462		
Principal Occupation		Name of Employ					
Mason  Is contributor a principal of a state contractor or prospective state contractor?			ept Stone obbyist, spouse, or	Amou	unt of Contribution		
Yes X No	)	dependent child of	37	7 tinot	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
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		
L AV	г			L	Louis B"		
Last Name	First	Tomas		MI	Contribution ID #		
Makaj Residential Street Address	City	TUITIdS		State	Zip Code		
291 Agor Ln		Mahopac		NY	10541-1340		
Principal Occupation		Name of Employ	er	!			
Manager		Maka <u>:</u>	Realty 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 X Personal Check	11/	12/2016	±200.00		±200.00		
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00		
Last Name	First			MI	Contribution ID #		
Belliu		Mirela			0445		
Residential Street Address	City			State	Zip Code		
2527 Radcliff Ave		Bronx		NY	10469		
Principal Occupation		Name of Employ	er				
Floor manager			orf and Goodwin				
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			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		
				l			
Last Name	First			MI	Contribution ID #		
Belliu  Recidential Street Address	City	Elton		Ct-t-	0446		
Residential Street Address  2527 Radcliff Ave	City	Bronx		State NY	Zip Code 10469		
Principal Occupation		Name of Employ	er	141	10403		
Owner			s Park Electrical Repair				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	a loodyist?				
government the contract is with:  Executive Legislative			x <sub>No</sub>				
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	#300 00		¢200 00		
If yes, list Event # 11132016A No Money Order Credit/Debit Card	I 11/	13/2016	\$200.00		\$200.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	Type of penone		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendmen					
Luniaj Explote					
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Buzi		Sajmir			0447
Residential Street Address	City	D		State	Zip Code
145 Ward St Principal Occupation		Name of Employe	or	MA	02151
Cook		Vulaj			
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	received	riggregate Contributions		
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Lumaj		David			0448
Residential Street Address	City			State	Zip Code
310 W 106th St		New York		NY	10025
Principal Occupation		Name of Employe	er		-
Resident manager		Holsto	ore Management		
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 government the contract is with:  Executive Legislative		dependent cinia o	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  X Personal Check  If yes, list Event # 11132016A  No  No  Cash  Credit/Debit Card	11/	13/2016	\$375.00		\$375.00
injus, ma Brown in 11192010A				<u> </u>	
Last Name Vuksanaj	First	Ardian		MI	Contribution ID # 0449
Residential Street Address	City	Alulali		State	Zip Code
1718 Lurting Ave	City	Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Construction		Clasic	Constructuion		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or  If a lobbyist?  Yes	Amou	ant of Contribution
If was 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:	D-4-	Received		_	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Beqi		Nikolin			0450
Residential Street Address	City			State	Zip Code
57 Cumberland Way		Yonkers		NY	10769
Principal Occupation		Name of Employe	er		
Project Manager			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?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?    X Yes   Method of contribution:   X Yes   X Personal Check					
If yes list Event # 11132016A Cash X Personal Check	11/	13/2016	\$150.00		\$150.00

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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 - Amendmen					
Lumaj Explore	ıt				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lumaj		Frank			0451
Residential Street Address	City			State	Zip Code
424 Second Ave	L.,	Pelham		NY	10803
Principal Occupation		Name of Employ			
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	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	Щ,	New York		NY	10025
Principal Occupation		Name of Employ			
Property Manager			57 w corp	۸	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
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			7-2		
Last Name	First			MI	Contribution ID #
Vorfa		Zamir			0453
Residential Street Address	City			State	Zip Code
456 Lake St		Brooklyn		NY	11223
Principal Occupation		Name of Employ	er		
Mechanic		_	ncy Glass		
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	int of Contribution
If yes, indicate which branch or branches of		аеренает сппа с	a loodyist:		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Resonal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/.	13/2010	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pouch	1 1150	Nikol			0454
Residential Street Address	City			State	Zip Code
25-40 Shore Blvd		Astoria		NY	11102
Principal Occupation	<u> </u>	Name of Employ	er		!
Superintendent		Share	Towens		
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	v	dependent child of	a loodyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in Section 11:					
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)  TYPE OF REPORT							
Lumaj Explore January 10 Filing - Amendmer				nt			
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Gjonbalaj		Shpen			0455		
Residential Street Address	City			State	Zip Code		
621 Cresant Ave	L	Bronx		NY	10458		
Principal Occupation Owner		Name of Employ	<sup>er</sup> n Gjonbalaj Bar				
		-	abbreigt anguag or	Amou	unt of Contribution		
Yes X No	o	dependent child of	37				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
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	F: .				I c . i . i . m "		
Last Name	First	Alija		MI	Contribution ID # 0461		
Tejoj  Residential Street Address	City	Alija		State	Zip Code		
59-16 Grove St		Ridgewood		NY	11385		
Principal Occupation	-	Name of Employ	er		!		
Elevator Operator		Browi	n Harris Stivens				
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?  X Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check	11/	13/2016	\$300.00		\$300.00		
If yes, list Event # 11132016A	11/	13/2010	\$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	<u> </u>	Bronx		NY	10462		
Principal Occupation		Name of Employ					
Supervisor		G.A.L		A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	V	Amot	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>				
Is this contribution associated with  an event reported in Section 112  X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # 11132016A No Cash Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Gjura	1 1130	Aurel		IVII	0098		
Residential Street Address	City			State	Zip Code		
130W 183rd Apt 5G		Bronx		NY	10453		
Principal Occupation		Name of Employ	er				
Plumbing		Blue I	ive				
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	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?			55 -5				
If yes, list Event # 11132016A	11/	13/2016	\$200.00		\$200.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF PEROPT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendmer						
B. Itemized Contributions from	_	lividuals				
Last Name	First	5		MI	Contribution ID #	
Jakej	G'i	Ritvan		- Cr.	0099	
Residential Street Address  16 Agawam S Apt 2A	City	Yonkers		State NY	Zip Code 10704	
Principal Occupation		Name of Employ	er	1 111	10704	
Mechanic		Centra				
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	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		aepenaent enna e	x <sub>No</sub>			
government the contract is with:  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 # 11132016A No Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Hamzallari		Dorjana			0100	
Residential Street Address	City	-		State	Zip Code	
2363 Lyon Ave Apt 32		Bronx		NY	10462	
Principal Occupation		Name of Employ	er	-		
Painter		T.J.A.	N.			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		асренает стпа о	x No			
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1		
No Cash X Personal Check	11/:	13/2016	\$375.00		\$375.00	
If yes, list Event # 11132016A					_	
Last Name	First			MI	Contribution ID #	
Nikqi		Shaban		<u> </u>	0101	
Residential Street Address	City	D		State	Zip Code	
2344 Boston Rd Principal Occupation		Bronx Name of Employe	or	NY	10467	
Forman			ewer and Water Inc			
Is contributor a principal of a state contractor or prospective state contractor?				Amou	ınt of Contribution	
Yes A No	)	dependent child of	-			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with an event reported in Section 112	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	\$350.00		\$350.00	
Last Name	First			MI	Contribution ID #	
Mita Mita	FIISt	Elio		IVII	0102	
Residential Street Address	City	LIIO		State	Zip Code	
176 Vrfldenburch		Yonkers		NY	10204	
Principal Occupation		Name of Employe	er		•	
Waiter		Benja	m Steak house			
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	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>			
Is this contribution associated with  A yes  Method of contribution:  Yes	Date	Received	Aggregate Contributions	1		
an event reported in Section 71:						
If yes list Event # 11132016A Cash Cash 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)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT				
Lumaj Explore January 10 Filing - Amendment				nt			
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Shani		Bardhok			0103		
Residential Street Address	City			State	Zip Code		
114 Highland St		Taunton		MA	02780		
Principal Occupation		Name of Employ	er				
Mechanic		Leos /	Auto Repair				
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 <sub>No</sub>				
Is this contribution associated with x Yes Method of contribution:	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		
in yes, its Event in introduction in interest of the interest	l						
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	LLP				
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?  Cash  Personal Check							
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00		
				· · · · · · · · · · · · · · · · · · ·			
Last Name	First			MI	Contribution ID #		
Dekaj		Mikel			0105		
Residential Street Address	City			State	Zip Code		
126 First St		Yonkers		NY	10709		
Principal Occupation		Name of Employ					
Manager  Is contributor a principal of a state contractor or prospective state contractor?			min Steak house	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	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>				
government the contract is with:	Date	Received	Aggregate Contributions	ŀ			
an event reported in Section J1?			1.00.10				
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00		
If yes, list Event# 11132016A			4				
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?	,	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 <sub>No</sub>	]			
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 (S	ection A_I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Amendmer	nt	
B. Itemized Contributions from	n Ind	lividuals			
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	int of Contribution
	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with x Yes Method of contribution:	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
in yes, its Event in introduction in interest of the interest					
Last Name	First			MI	Contribution ID #
Lumaj		Gjek			0311
Residential Street Address	City			State	Zip Code
1827 Tomlinson Ave	L	Bronx		NY	10461-1418
Principal Occupation		Name of Employ	er		
Porter		BLDG			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodysst?		
government the contract is with:			x <sub>No</sub>		
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
				<u>!</u>	r
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		Name of Employ	er		
Logistics  Is contributor a principal of a state contractor or prospective state contractor?		MSC Is contributor at	obbyist spouse or	1 Amou	unt 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 <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	ŀ	
an event reported in Section J1?	Duite	10001100	riggregate contributions		
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00
If yes, list Event# 11132016A	/	10, 2010	ψ575100		
Last Name	First			MI	Contribution ID #
Lumaj		Eduard			0313
Residential Street Address	City			State	Zip Code
3411 Irling Ave # 17E	ĺ	Bronx		NY	10463
Principal Occupation		Name of Employ	er		!
Corfner			e Craft INC		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  an event reported in Section 112  X Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$200.00		\$200.00

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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 - Amendmen	ıt	
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
popaj		Luce			0314
Residential Street Address	City			State	Zip Code
2109 Hone Ave	L	Bronx		NY	10461
Principal Occupation  Waiter		Name of Employ	<sup>er</sup> m Steak house		
		-		Amor	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 <sub>No</sub>		
Is this contribution associated with	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 11132016A No Cash Credit/Debit Card	11/	13/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Veshtaj	FIISt	Ejll		IVII	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?	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:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  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	<u> </u>	
Last Name	First			MI	Contribution ID #
Buzhiqi		Agron			0316
Residential Street Address	City			State	Zip Code
85 Upland Rd		York Town H		NY	10598
Principal Occupation		Name of Employ			
Superintendent			eau Corp		
Is contributor a principal of a state contractor or prospective state contractor?	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 <sub>No</sub>		
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 # 11132016A No Cash Credit/Debit Card	11/:	13/2016	\$375.00		\$375.00
I yes, is Even ii III yes,					
Last Name	First			MI	Contribution ID #
Makaj	C'i	Nikol		G	0317
Residential Street Address  337 Saints Johns Ave	City	Yonkers		State NY	Zip Code 10704-2744
Principal Occupation		Name of Employ	er	T IVI	10704-2744
Landlord			/ Corp		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
Yes X N  If yes, indicate which branch or branches of	υ	dependent child of	a loodyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>	]	
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:		12/2015			+200.00
If yes, list Event # 11132016A No Cash Cash Personal Check	11/	13/2016	\$200.00		\$200.00

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L 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 - Amendmer	nt	
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Durgaj		Koldoaldo			0318
Residential Street Address	City			State	Zip Code
170 Nelson Rd	<u> </u>	Scarsdale		NY	10583
Principal Occupation  Bartender		Name of Employ			
			on Square Garden 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	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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	
Last Name	First			MI	Contribution ID #
Goodine  Residential Street Address	City	Lindsey		State	0319 Zip Code
58 Baldwin Dr	City	Bristol		CT	06010
Principal Occupation		Name of Employ	er		
Teacher		CREC			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
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	<b>#35.00</b>		±25.00
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$25.00		\$25.00
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	er		
Unemployed			ployed		
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?  X Yes Method of contribution:  X Personal Check					
No I Tributal Calculation	11/	13/2016	\$200.00		\$200.00
If yes, list Event # 11132016A					
Last Name	First			MI	Contribution ID #
Lumaj		Paulin			0321
Residential Street Address	City	Dallaana		State	Zip Code
424 Second Ave Principal Occupation		Pelham Name of Employ	or	NY	10803
Maintenance Mechanic			rnabas		
			-1.1	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	0	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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	\$150.00		\$150.00

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L 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 - Amendment					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lumaj		Mira			0322
Residential Street Address	City			State	Zip Code
424 Second Ave		Pelham		NY	10803
Principal Occupation  Hair Dresser		Name of Employ Alma			
			11.14	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 <sub>No</sub>		
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	\$150.00		\$150.00
L AV	F: .			L	I c , i i . ID "
Last Name Alla	First	Ermir		MI	Contribution ID # 0323
Residential Street Address	City	CIIIIII		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?	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
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 #
   Popaj		Katrine			0324
Residential Street Address	City			State	Zip Code
2109 Hone Ave		Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Cleaning			ing Company		
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 <sub>No</sub>		
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
in yes, list Event # 11132010A Nioney Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Popaj		Kole			0325
Residential Street Address	City	Duant		State	Zip Code
2109 Hone Ave Principal Occupation		Bronx Name of Employ	or	NY	10461
handy Man		brots			
			-11	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 <sub>No</sub>		
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 RECEIPT	S (Se	ection A-I)	TYPE OF REPOR	T.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendment						
B. Itemized Contributions from	n Ind	lividuals			_	
Last Name	First			MI	Contribution ID #	
Dudzinski	O.	Daryle		0	0326	
Residential Street Address	City	Duintal		State	Zip Code 06010	
35 Regency Ct Principal Occupation		Bristol  Name of Employe	or	СТ	06010	
Director			tment of Labor			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or	Yes	ount of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child o		No		
government the contract is with:	Date	Received	Aggregate Contributions	-		
an event reported in Section J1?						
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Dedvukaj	1 1150	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 Amo	ount of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent child of	i a loodyist?	No		
government the contribution associated with support the contribution associated with support and in Section 112.	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 #	
Camovic		Adelina			0328	
Residential Street Address	City			State	Zip Code	
1055 Esplanade Ave		Bronx		NY	10461	
Principal Occupation PCA		Name of Employ				
			bbbyist, spouse, or	Amo	ount of Contribution	
Yes A No	)	dependent child of	f a lobbyist?	Yes	rant of Controlation	
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  No  Cash  Cash  Money Order  Credit/Debit Card	11/	13/2016	\$200.00		\$200.00	
Lost Nome	First			MI	Contribution ID #	
Last Name Weber	FIISt	Brock		MI	Contribution ID # 0329	
Residential Street Address	City	DIOCK		State	Zip Code	
48 Winthrop St Apt 2	City	New Britain		CT	12345-0605	
Principal Occupation		Name of Employ	er			
legislative Aid		State	of Connecticut			
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	ount of Contribution	
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	$\neg$		
an event reported in section 31?						
If yes, list Event # 11132016A Cash X Personal Check	11/	13/2016	\$375.00		\$270.00	

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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 - Amendmen					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ahmetaj		Pranvera			0330
Residential Street Address	City			State	Zip Code
2058 Cruger Ave Apt A4	<u> </u>	Bronx		NY	10462
Principal Occupation		Name of Employ			
Associate			tax Services	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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	<b>*</b> 1.		MI	Contribution ID #
Skyu Residential Street Address	City	Ilir		State	0331 Zip Code
142 W 17th St Apt 3FW	City	New York		NY	10011
Principal Occupation		Name of Employ	er	141	1 10011
Property Manager			operty Management		
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	<u></u>		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
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	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Budzinski	1 1150	Mary		A	0332
Residential Street Address	City			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?	0	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (	x No		
government the contract is with:  Is this contribution associated with  Method of contribution:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A					
Last Name	First			MI	Contribution ID #
Dedvukaj		Mark			0333
Residential Street Address	City			State	Zip Code
67 Kia Ora Blvd	<u> </u>	Mahopac		NY	10541
Principal Occupation		Name of Employ			
Owner  Is contributor a principal of a state contractor or prospective state contractor?			Plumbing and heating 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 <sub>No</sub>		
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 Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00

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L 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 - Amendmen	ıt	
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Brahima		Bruno			0334
Residential Street Address	City			State	Zip Code
900 Ludig Ave		Bronx		NY	10462
Principal Occupation Server		Name of Employ	<sup>er</sup> m Steak house		
			11.14	Amor	unt of Contribution
Yes X No	)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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	\$200.00		\$200.00
				l	
Last Name	First	Taulanaa		MI	Contribution ID #
Gjura Residential Street Address	City	Taulanoe		State	0335 Zip Code
66 Hun Hill Rd	City	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	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
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	\$200.00		\$200.00
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00
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			
Labor		Culbe			
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 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 Personal Check					
If yes, list Event # 11132016A No Cash X Personal Check  Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
I Honey order I credit book card					
Last Name	First			MI	Contribution ID #
Noonan	C'i	Kevin		S	0337
Residential Street Address  148 Kizburn Rd S	City	Garden City	South	State NY	Zip Code 11530
Principal Occupation		Name of Employ		INI	11330
site safey manager			rish Consultants		
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	or a robbyist?		
government the contract is with:			x <sub>No</sub>	]	
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions		
all event reported in Section 31?		42/2046	4400.00		+100.00
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00	ĺ	\$100.00

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I. MONETARY RECEIPT	S (S	ection A_I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (5)</del>	ction A-i)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendm	ent				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Foto		Silvana			0338			
Residential Street Address	City			State	Zip Code			
2347 Wallace Ave	,	Bronx		NY	10467			
Principal Occupation		Name of Employ	er		!			
FInance Associate		Monsi	gnor Scanlan HS					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		unt of Contribution			
	)	dependent child of	of a lobbyist?	s				
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				
X Parsonal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
in yes, list Evenit# 11132010A I Money Order Card								
Last Name	First			MI	Contribution ID #			
Bajraktari		Etmond			0339			
Residential Street Address	City			State	Zip Code			
3119 32nd St		Astoria		NY	11106			
Principal Occupation		Name of Employ	er					
Electrian			Electric Inc					
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 fobbyist?					
government the contract is with:			x <sub>No</sub>					
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 X Money Order Credit/Debit Card	11/	13/2016	\$25.00		\$25.00			
				<u>.</u>	·			
Last Name	First			MI	Contribution ID #			
Dekaj		Mark			0340			
Residential Street Address	City			State	Zip Code			
126 First St		Yonkers		NY	10704			
Principal Occupation Owner		Name of Employ	ા Fikles and Mobile					
			obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of		s	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?								
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		Lyndhurst		NJ	07071			
Principal Occupation		Name of Employ	er	•	•			
Waiter		Coke	143 Inc					
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	of a foodyist?					
government the contract is with:			x <sub>No</sub>	<b>⅃</b>				
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:				1				
If yes, list Event # 11132016A Cash Credit/Debit Card	11/	13/2016	\$375.00	1	\$375.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore  B. Itemized Contributions from Individuals  Last Name  Mitaj  Residential Street Address  1516 Hawthorne St  Principal Occupation  Owner  Sclca Construction  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Name of Employer  Sclca Construction  Sc contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution and the contribution of Contribution dependent child of a lobbyist?		12 (2)	ection A-I)			
B. Itemized Contributions from Individuals  Last Name Mitaj  Residential Street Address City State Tip Code State State Vip Code NY 10469  Principal Occupation Owner  Sclca COnstruction  Is contributor a principal of a state contractor or prospective state contractor?  Yes No  State State Vip Code Name of Employer Sclca COnstruction  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution						
Last Name  Mitaj  Arben  Contribution ID #  Arben  O342  Residential Street Address  City  Bronx  NY  10469  Principal Occupation  Owner  Sclca 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	Lumaj Explore			January 10 Filing - Amendmer	nt	
Arben 0342  Residential Street Address	B. Itemized Contributions fro	m Inc	lividuals			
Residential Street Address  1516 Hawthorne St  Bronx  NY  10469  Principal Occupation Owner  Sclca 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	Last Name	First			MI	Contribution ID #
Principal Occupation Owner  Sclca COnstruction  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Name of Employer Sclca COnstruction  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution	Mitaj		Arben			0342
Principal Occupation Owner  Sclca COnstruction  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Name of Employer Sclca COnstruction  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution		City				1
Owner  Sclca 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					NY	10469
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						
Yes No dependent child of a lobbyist?				11 1 ·	Amou	unt of Contribution
If yes, indicate which branch or branches of	Yes X	No.		of a lobbyist?		
government the contract is with:  Executive Legislative X No	Evacutiva I agislativa			x <sub>No</sub>		
Is this contribution associated with  Aggregate Contributions  Date Received Aggregate Contributions	X Vac	Date	Received	Aggregate Contributions		
Cash Personal Check	an event reported in Section 31?					
If yes, list Event # 11132016A No Money Order Credit/Debit Card 11/13/2016 \$375.00 \$375.00		11/	13/2016	\$375.00		\$375.00
Last Name First MI Contribution ID #	Last Nama	Eirot			I MI	Contribution ID #
Mitaj Leze O343		FIISt	l eze		IVII	
Residential Street Address City State Zip Code	<u> </u>	City	LCZC		State	
1516 Hawthorne St Bronx NY 10469	1516 Hawthorne St		Bronx		NY	10469
Principal Occupation Name of Employer	Principal Occupation		Name of Employ	er	•	•
Cleaner CBS Cleaning Company	Cleaner		CBS (	Cleaning Company		
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or Amount of Contribution  Yes Yes	Is contributor a principal of a state contractor or prospective state contractor?	No		Vac	Amou	unt of Contribution
If yes, indicate which branch or branches of	If yes, indicate which branch or branches of		dependent child (			
government the contract is with:	government the contract is with:	Dete	D i 4			
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Date Received Aggregate Contributions	X Vac	Date	Received	Aggregate Contributions		
No Cash X Personal Check 11/13/2016 \$375.00 \$375.00	U No I ☐ · · · · · · · · · · · · · · · · · ·	11/	13/2016	\$375.00		\$375.00
If yes, list Event # 11132016A			10, 2010	Ψ3.3.00		
Last Name First MI Contribution ID #	Last Name	First			MI	Contribution ID #
Haliti Ruzhdi 0344	Haliti		Ruzhdi			0344
Residential Street Address City State Zip Code	Residential Street Address	City			State	Zip Code
230 Riverside Dr New York NY 10025		<u> </u>			NY	10025
Principal Occupation Name of Employer						
Doorman Or sid MGT  Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution					Amou	unt 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	Yes X	lo			Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	Evacutiva			x <sub>No</sub>		
Is this contribution associated with  Is this contribution associated with Aggregate Contributions  Aggregate Contributions  Date Received Aggregate Contributions	Tal. (3.6 14.13) — Matte (3.6	Date	Received	Aggregate Contributions		
an event reported in section 71:	an event reported in Section 71:					
If yes, list Event # 11132016A No San Series Credit/Debit Card 11/13/2016 \$300.00 \$300.00	□ No □	11/	13/2016	\$300.00		\$300.00
Last Name First MI Contribution ID #	Lot Nama	Eirot			LMI	Contribution ID#
Borici Arian O345		FIISt	Arian		IVII	
Residential Street Address City State Zip Code		City	711011		State	
573 Minnieford Ave Bronx NY 10464-1118	573 Minnieford Ave		Bronx		NY	
Principal Occupation Name of Employer	Principal Occupation	•	Name of Employ	er	•	•
Associate Broker APEX Realty Group	Associate Broker		APEX	Realty Group		
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?	No			Amou	unt of Contribution
If yes, indicate which branch or branches of	Evacutiva I agislativa		acpendent child (			
government the contract is with:	government the contract is with:	Data	Received		-	
an event reported in Section J1?	an event reported in Section J1?	Date	1.0001700	1.58108ate Continuations		
If yes, list Event # 11132016A	U No I ☐ · · · · · · · · · · · · · · · · · ·	11/	13/2016	\$150.00		\$150.00

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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 - Amendmen	nt			
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Lumaj		Ermal			0346		
Residential Street Address	City			State	Zip Code		
2914 Jerome Ave	<u> </u>	Bronx		NY	10468		
Principal Occupation  President		Name of Employ	er Tech Constructing				
			abbriet enauge or	Amou	unt of Contribution		
Yes X N	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
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 Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Marku	FIISt	Rozina		IVII	0347		
Residential Street Address	City	ROZIIIG		State	Zip Code		
2155 Paulding Ave		Bronx		NY	10462		
Principal Occupation	•	Name of Employ	er		•		
Manager		NEDA	NAVAB	_			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	0		obbyist, spouse, or Yes	Amou	nnt of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with:  Legislative  Legislative	Dete	D					
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		-5, 2010	ψ373.00				
Last Name	First			MI	Contribution ID #		
Frroku		Ciljeta			0348		
Residential Street Address	City			State	Zip Code		
42 Pondfield Rd W	L.,	Bronxville		NY	10708		
Principal Occupation		Name of Employ					
Cashier  Is contributor a principal of a state contractor or prospective state contractor?		ACME	obbyist, spouse, or	Amor	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of		Amot	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>				
Is this contribution associated with  an expert spectral in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions				
X Parsaged Charles							
If yes, list Event # 11132016A No No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Gjergji	FIISt	Fejzolli		IVII	0349		
Residential Street Address	City	1 0,20111		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?  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		acpendent clind (	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						
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 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 - Amendmen	ıt	
B. Itemized Contributions from	m Ind	ividuals			
Last Name	First			MI	Contribution ID #
Mitaj		Alfred			0350
Residential Street Address	City			State	Zip Code
1516 Hawthorne St	L .	Name of Employe	ON .	NY	10469
Principal Occupation  owner			o's Pizzeria		
			obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes  Yes	0	dependent child o			
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with an avert reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Lelcaj	1 1130	Arben		1411	0351
Residential Street Address	City	7.1.56.1.		State	Zip Code
18 E 199th St		Bronx		NY	10468
Principal Occupation	•	Name of Employ	er		
Painter		SIP Pa	ainting Corp		
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 o	of a foodyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with 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	11/.	13/2010	\$350.00		\$330.00
Last Name	First			MI	Contribution ID #
Mitaj		Fatbardha			0352
Residential Street Address	City			State	Zip Code
1516 Hawthorne St		Bronx		NY	10469
Principal Occupation		Name of Employ			
Practice Manager			and Cohen		
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			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 11132016A No Cash No Personal Check  No Money Order Credit/Debit Card	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	<u> </u>	White Plains	ON .	NY	10603
Principal Occupation  Book Keeper		Name of Employe	er ady of Shkodra		
			-librariat annual an	Amor	unt of Contribution
Yes X N	0	dependent child o	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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 Cash Cash Personal Check	11/	13/2016	\$375.00		\$375.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I gymr or prepor	D.T.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendmen						
Luniaj Explote						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID#
Markaj		Armando		_		0354
Residential Street Address	City	_			State	Zip Code
1912 Bogart Ave Principal Occupation	L	Bronx			NY	10462
Cardivascular Tech		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?	105		
government the contract is with:	Dete	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # 11132016A No Cash Personal Check    Money Order   Credit/Debit Card	11/:	13/2016	\$375.00		:	\$375.00
Last Name	First			$\equiv$	MI	Contribution ID #
Lelcaj	riist	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?	)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:	,	dependent child of	a lobbyist?			
Is this contribution associated with  The second of the se	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		ightharpoonup		0356
Residential Street Address	City	5			State	Zip Code
1912 Bogart Ave Principal Occupation		Name of Employe			NY	10462
Porter			sneck Care			
				$\neg$	Amou	nt of Contribution
Yes A No	)	dependent child of	i a loodyist.	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?  I res  No  Cash  X Personal Check  Money Order  Credit/Debit Card	11/:	13/2016	\$375.00		:	\$375.00
in yes, his broken in the property of the interpretation in the property of the property of the interpretation in the property of the pr				_		
Last Name	First				MI	Contribution ID #
Guxo	O.	Artan		$\rightarrow$	g	0357
Residential Street Address	City	Actoria			State	Zip Code
2581 31st St Principal Occupation		Astoria Name of Employe	or		NY	11102
Electrician			Electric			
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:		Sependent emit (	•	No		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	$\neg$		
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 RECEIPT	S (S	ection A-I)	I was or benow	\.T		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendmen						
Editial Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			N	MI	Contribution ID #
Kasalla		Arben				0358
Residential Street Address	City	<b>.</b> .			State	Zip Code
1544 River Rd Principal Occupation		Edgewater Name of Employe	or.	IN.	NJ	07020
Bartender			m Steak House			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of  Executive Legislative		dependent enna o	x	No		
government the contract is with:	Date	Received	Aggregate Contributions			
Is this contribution associated with 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	\$375.00			\$375.00
Last Name	First			N	MI	Contribution ID #
Mita		Vua				0359
Residential Street Address	City			S	State	Zip Code
1730 Victor St		Bronx		Ν	YV	10462
Principal Occupation		Name of Employ	er			
Waiter		Benja	min Steak House			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		асренает сппа о	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	11/	13/2016	\$375.00		5	\$375.00
If yes, list Event # 11132016A						
Last Name	First			N	MI	Contribution ID #
Veseli	O.	Valmir				0360
Residential Street Address  1834 Home Ave	City	Bronx			State NY	Zip Code 10461
Principal Occupation		Name of Employ	er		***	10401
Waiter			min Steak House			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of	)	dependent child of	i u ioooyist:			
government the contract is with:  Executive Legislative			x	No		
Is this contribution associated with  A section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?  If so No Cash X Personal Check  If yes, list Event # 11132016A  No Money Order Credit/Debit Card	11/	13/2016	\$375.00		5	\$375.00
Last Name	First	Mileal		N	MI	Contribution ID #
Tilaj Residential Street Address	City	Mikel			State	0361 Zip Code
3115 Sedgwig Ave	City	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 le	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 X Yes Method of contribution:	Date	Received	Aggregate Contributions	$\Box$		
an event reported in Section 71:						
If yes, list Event # 11132016A No Acash Personal Check	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 - Amendmer								
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		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?  Yes  X No	0	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with an exerting in Section 112  X 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			
	<u> </u>			l	1			
Last Name	First			MI	Contribution ID #			
Jahjaga Dahi da	G:	Kadire		G: :	0363			
Residential Street Address	City	Duant		State	Zip Code 10458			
614 Cresent Ave Principal Occupation		Bronx Name of Employ	or	NY	10458			
None		None						
			obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with  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 Money Order Credit/Debit Card	11/	13/2016	\$300.00		\$300.00			
[				l	Laurin			
Last Name Nikprelevic	First	Elizabeta		MI	Contribution ID # 0364			
Residential Street Address	City	LIIZabeta		State	Zip Code			
10 Addison Boyce Dr	City	New City		NY	10956-1261			
Principal Occupation		Name of Employ	er					
Owner		Tom S	Shbe Bucy					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	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 <sub>No</sub>					
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	\$375.00		\$375.00			
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
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		Name of Employ	er					
Patient Care Assistant		Hospi	tal For Special Surgery		_			
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		acpendent ennu (						
government the contract is with:  Is this contribution associated with  Method of contribution:	Dot-	Pagaiyad						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$300.00		\$300.00			
If yes, list Event # 11132016A	1/	-,	4500.00	I				

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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 - Amendmen					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ismailgeci		Gani			0366
Residential Street Address	City			State	Zip Code
307 E 239th St	<u> </u>	Name of Employ	ON .	NY	10470
Principal Occupation  Handyman			one 89 street		
·			obbyist, spouse, or	Amou	ınt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  A 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 Cash Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00
Last Name	First			MI	Contribution ID #
Lumaj	THISC	Emilian		1411	0367
Residential Street Address	City			State	Zip Code
1827 Tomlinson Ave		Bronx		NY	10461
Principal Occupation	•	Name of Employ	er		•
Manager		Atlant	is Development		
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:  Executive Legislative		D 1 1	x <sub>No</sub>		
Is this contribution associated with 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	11/	15/2010	Ψ330.00		ψ330.00
Last Name	First			MI	Contribution ID #
Jahaj		Astrit			0368
Residential Street Address	City			State	Zip Code
409 Jefferson St		Staten Island	l	NY	10312-2330
Principal Occupation		Name of Employ			
Waiter		Salina			
Is contributor a principal of a state contractor or prospective state contractor?	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 <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 11132016A No Cash No Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$200.00		\$200.00
If yes, list Event # 11132016A					
Last Name	First			MI	Contribution ID #
Vushaj		Gjovalin			0369
Residential Street Address	City			State	Zip Code
2940 Grand Concourse	<u> </u>	Bronx Name of Employ	ON .	NY	10458
Principal Occupation  None		Name of Employ None	ei		
			obbyist, spouse, 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 <sub>No</sub>		
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 Cash Cash Personal Check	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)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Osmanaj		Benard			0370			
Residential Street Address	City			State	Zip Code			
525 Larchmont Acres		Larchmont		NY	10538-7341			
Principal Occupation		Name of Employ	er					
Broker		Dougl	as Ellimau Real Estate					
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 <sub>No</sub>					
Is this contribution associated with  A yes  We work 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	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Duși		Tom			0371			
Residential Street Address	City			State	Zip Code			
101-12 95th St		Ozone Paric		NY	11416-2538			
Principal Occupation		Name of Employ	er					
Info Tech			Logic	i				
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 e	<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	\$200.00		\$200.00			
•				l				
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		Name of Employ						
Resident Manager  Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	A				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	V	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	11/	13/2016	\$300.00		\$300.00			
If yes, list Event # 11132016A	11/	13/2010	¥300.00		<del></del>			
Last Name	First			MI	Contribution ID #			
Cufo		Ergys			0373			
Residential Street Address	City	3,		State	Zip Code			
2334 Boston Rd		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Electrician			Electric 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	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 11132016A	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 - Amendmen	nt				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gjonaj		Rudina			0374			
Residential Street Address	City			State	Zip Code			
21 Dunston Ave	<u> </u>	Yonkers		NY	10701			
Principal Occupation  Homemaker		Name of Employ None	er					
			obbyist, spouse, or	Amor	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 <sub>No</sub>					
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  Haxhaj	First	Shpend		MI	Contribution ID #			
Residential Street Address	City	Stipetiu		State	Zip Code			
740 5th St		Lyndhurst		NJ	07071-3214			
Principal Occupation		Name of Employ	er	<u>!</u>				
Manager		ABM						
Is contributor a principal of a state contractor or prospective state contractor?	n		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 Cash X Personal Check	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A	11/	15/2010	¥373.00					
Last Name	First			MI	Contribution ID #			
Nezaj		Adriatik			0376			
Residential Street Address	City			State	Zip Code			
24 Spruce St		Fairview		NJ	07027			
Principal Occupation		Name of Employ						
General Contractor			ATE Development					
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 <sub>No</sub>					
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					
an event reported in Section 31?								
If yes, list Event # 11132016A	11/	13/2016	\$350.00		\$350.00			
	l			I				
Last Name	First	1		MI	Contribution ID #			
Gjekaj  Residential Street Address	City	Luce		State	0377 Zip Code			
1288 Crosby Ave	City	Bronx		NY	10461			
Principal Occupation		Name of Employ	er	<u> </u>	1 20.02			
Housekeeper		None						
Is contributor a principal of a state contractor or prospective state contractor?	n		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 <sub>No</sub>					
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/	13/2016	#100 00		¢100 00			
If yes, list Event # 11132016A 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 - Amendmen	it				
B. Itemized Contributions from	m Ind	lividuals						
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 Employe						
Unemployed			ployed					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a le dependent child of	bbbyist, spouse, or f 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 J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Vuktilaj	Tilst	Gjergj		IVII	0379			
Residential Street Address	City			State	Zip Code			
30 E Hartsdale Ave		Hartsdale		NY	10530			
Principal Occupation		Name of Employe	er		•			
Superintendent		West	Feire Property Managment					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  General Administration   Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o						
government the contract is with:    Executive	l B i	D : 1						
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A	11/	13/2016	\$300.00		\$300.00			
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 Employe	er					
Owner			Properties					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		•	x <sub>No</sub>					
Is this contribution associated with  an event reported in Section 112  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parsaged Charles								
If yes, list Event # 11132016A No Money Order Cash Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Zefi		Geraldo			0381			
Residential Street Address	City			State	Zip Code			
1632 Parkview Ave	L.	Bronx		NY	10461			
Principal Occupation		Name of Employe						
Owner			. Development	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	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 <sub>No</sub>					
government the contract is with:  Is this contribution associated with an avort spectral in Section 112  X Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X Parsaged Charles								
No Cash Personal Check	11/	13/2016	\$275.00		\$275.00			

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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 - Amendmen	nt .	
Lumaj Explore	п				
B. Itemized Contributions from	m Ind	lividuals			
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 Rivert	er Day 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:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duic	received	riggiogue Controutions		
If yes, list Event # 11132016A	11/	13/2016	\$350.00		\$350.00
Last Name	First			MI	Contribution ID #
Corri		Dede			0383
Residential Street Address	City			State	Zip Code
1819 Williamsbridge Rd	<u> </u>	Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Construction			r Shllaku		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		1	x <sub>No</sub>		
Is this contribution associated with  an event reported in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?  No  Cash  Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A	11/	13,2010	Ψ100.00		
Last Name	First			MI	Contribution ID #
Brucaj		Ardjan			0384
Residential Street Address	City			State	Zip Code
1466 E Crofton Dr	<u> </u>	Shelby Twp Name of Employ		MI	48315
Principal Occupation Owner		1 ,	wide Mobile		
				Amor	ant of Contribution
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		
all event reported in Section 31?					
If yes, list Event # 11132016A No Anney Order Cash Personal Check	11/	13/2016	\$370.00		\$370.00
Last Name	First			MI	Contribution ID #
Skyu		Aleksander			0385
Residential Street Address	City			State	Zip Code
2621 Palisade Ave		Bronx		NY	10463
Principal Occupation		Name of Employ			
Property Manager			chester Realty	<del> </del>	
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 <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # 11132016A No No Money Order Credit/Debit Card	11/	13/2016	\$375.00		\$375.00

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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 - Amendmen	nt	
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Pepaj		Leonard			0386
Residential Street Address	City			State	Zip Code
7328 Kennedy Blvd Apt 4		North Berger	1	NJ	07047
Principal Occupation		Name of Employ	er		
Supervisor		BLDG	ct 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 lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of  Executive Legislative		aepenaent enna e	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?			86 .6		
If yes, list Event # 11132016A	11/	13/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Redzaj		Zef			0387
Residential Street Address	City			State	Zip Code
145 E 27th St		New York		NY	10016
Principal Occupation		Name of Employ	er	1	
Maintance		Algin	MGMT		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
<del>-</del> -	)	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  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	\$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	al Oil		
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 <sub>No</sub>		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 11132016A Cash Cash Personal Check    No	11/:	13/2016	\$200.00		\$200.00
Lost Nama	Einst			М	Contribution ID#
Last Name	First	Link		MI	Contribution ID #
Lumaj Residential Street Address	City	Luk		State	0389
3050 Bainbridge Ave	City	Bronx		NY	Zip Code 10467
Principal Occupation		Name of Employ	er	INI	10407
Painter			bas Hospital		
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 fobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes list Event # 11132016A	11/	13/2016	\$200.00		\$200.00

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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 - Amendmer	nt				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gjoni		Fran			0390			
Residential Street Address	City			State	Zip Code			
1288 Crosby Ave	<u> </u>	Bronx		NY	10461			
Principal Occupation		Name of Employ						
Owner  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	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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	\$200.00		\$200.00			
L AV	F: .			L	I c , i i . ID "			
Last Name Idrizi	First	Leonard		MI	Contribution ID # 0391			
Residential Street Address	City	Leonard		State	Zip Code			
900 Lydig Ave		Bronx		NY	10462			
Principal Occupation		Name of Employ	er					
Supervisor		Freed	om GC					
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	5	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
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	<b>#350.00</b>		±350.00			
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$350.00		\$350.00			
Last Name	First			MI	Contribution ID #			
   Pepaj		Tonin			0392			
Residential Street Address	City			State	Zip Code			
7328 Kennedy Blvd Apt 4		North Berger	1	NJ	07047-4057			
Principal Occupation		Name of Employ	er					
Handyman			ro five 42nd Owner					
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		1	x <sub>No</sub>					
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 #			
Thaqi		Lorenc			0393			
Residential Street Address	City	V		State	Zip Code			
50 First St Principal Occupation		Yonkers  Name of Employ	or	NY	10704			
Handyman		Level						
			-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 <sub>No</sub>					
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)	<del>5 (5)</del>	ction A-1)	TYPE OF REPORT					
Lumaj Explore  January 10 Filing - Amendment								
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	1	NJ	07047-4057			
Principal Occupation		Name of Employ		•	Į.			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution			
	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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			
in you, in the result is a second country of the second country of				<u> </u>				
Last Name	First			MI	Contribution ID #			
Peraj		Fran			0395			
Residential Street Address	City			State	Zip Code			
2333 Fenton Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er					
Mechaic			umbing and Heating					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Af a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child (	<u> </u>					
government the contract is with:			x <sub>No</sub>	1				
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	\$375.00		\$375.00			
The same of the sa				1	La .a . m.			
Last Name	First	6		MI	Contribution ID #			
Tejovic	G:	Suzanne		Gr. i	0396			
Residential Street Address	City	0		State	Zip Code			
59-16 Grove St		Queens		NY	11385			
Principal Occupation		Name of Employ	<sup>ध</sup> । Harris					
Managment  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	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?			86 8					
No Cash X Personal Check	11/	13/2016	\$375.00		\$375.00			
If yes, list Event # 11132016A		<i>'</i>						
Last Name	First			MI	Contribution ID #			
Lumaj		Vilson			0397			
Residential Street Address	City			State	Zip Code			
2314 Kingsland Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er	•	•			
Owner		VL Co	nstruction Group					
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 roobyist?					
government the contract is with:			x <sub>No</sub>	1				
Is this contribution associated with  An event reported in Section 112  Yes  Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 11132016A Cash 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 - Amendmen	nt				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Qeta		Lush			0398			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd	<u> </u>	Bronx		NY	10461			
Principal Occupation Handyman		Name of Employ	er n Harris Stivens					
			abbriet anauga as	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 <sub>No</sub>					
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 #			
Balidemaj	1 1130	Begir		IVII	0399			
Residential Street Address	City			State	Zip Code			
2275 Barker Ave		Bronx		NY	10467			
Principal Occupation		Name of Employ	er		•			
Maintance		Stelar	<sup>-</sup> Management					
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 ennu (						
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	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Shabi		Gjon			0400			
Residential Street Address	City			State	Zip Code			
8408 107th St	<u> </u>	Richmond Hi		NY	11418			
Principal Occupation  Porter		Name of Employ	er nen and Wliktiello					
			obbyist snouse or	Amou	unt of Contribution			
Yes 🔼 No	o	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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	\$370.00		\$370.00			
Last Name	First			MI	Contribution ID #			
Corri	1 1150	Drande			0401			
Residential Street Address	City			State	Zip Code			
1819 Williamsbridge Rd		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	-	-			
Unemployed			ployed	•				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		Sep second control	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			556					
If yes, list Event # 11132016A No Cash Personal Check  Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			

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L 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 - Amendmen	nt	
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Corri		Entoni			0402
Residential Street Address	City			State	Zip Code
1819 Williamsbridge Rd		Bronx		NY	10461
Principal Occupation  Waiter		Name of Employ	<sup>er</sup> on Lavista		
			11 1 ·	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  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 <sub>No</sub>		
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 X Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
				I	
Last Name	First	Missand		MI	Contribution ID #
Jupolli Residential Street Address	City	Mirsad		State	0403 Zip Code
2130 Williams Brg	City	Bronx		NY	10461
Principal Occupation		Name of Employ	er	<u> </u>	
Driver		Emilja	ano Transport		
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	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	\$350.00		\$350.00
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$330.00		\$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			iservices		
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.	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
				l	
Last Name	First			MI	Contribution ID #
Haxhaj	City	Gani		Ct-t-	0405
Residential Street Address  2750 Laconia Ave	City	Bronx		State NY	Zip Code 10469
Principal Occupation	<u> </u>	Name of Employ	er		10103
concierge			wo four Mulberry Street Cond	lo	
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	J	dependent child of	or a robbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
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	#3E0 00		¢350 00
If yes, list Event # 11132016A No Money Order Credit/Debit Card	1 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 - Amendmen									
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?			11 1 ·	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:  Executive Legislative			x <sub>No</sub>						
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 <sub>No</sub>						
Is this contribution associated with an event reported in Section J1?  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 1100	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  of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (	x No						
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash 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		Name of Employ							
Store Manager  Is contributor a principal of a state contractor or prospective state contractor?			tina Wine obbyist, spouse, or	Amou	unt of Contribution				
Yes X N	0	dependent child of	Vac	Aillot	an or contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
government the contract is with:  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 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)	<del>5 (5)</del>	ction A-i)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		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			
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	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	received	riggregate contributions					
No Sash 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 #			
	11130	Tanya		IVII	0411			
Lumaj Residential Street Address	City	Tanya		State	Zip Code			
424 Second Ave	City	Pelham		NY	10803			
Principal Occupation		Name of Employ	or.	INT	10803			
Student  In contributor, a minimal of a state contractor or propagative state contractor?		Stude		Amou	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?	Alliou	int of Contribution			
If yes, indicate which branch or branches of		1						
government the contract is with:  Executive Legislative		<b>.</b>						
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check			4400.00					
If yes, list Event # Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
	г				C C C D			
Last Name	First	Comen		MI	Contribution ID #			
Zoneli	C'	Sazon		G	0412			
Residential Street Address	City	Describbers		State	Zip Code			
8721 Bayview Pkwy		Brooklyn		NY	11214			
Principal Occupation		Name of Employ						
Security  Is contributor a principal of a state contractor or prospective state contractor?		THe N		<b></b>				
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 <sub>No</sub>					
government the contract is with:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No No Personal Check	11/	12/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
	FIISt	Valentina		IVII				
Rakaj	City	Valentina		Ct-t-	0413			
Residential Street Address	City	Marint Vanna		State	Zip Code			
7 Jefferson Pl		Mount Verno		NY	10550			
Principal Occupation		Name of Employ	Ci					
None  Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor a l	obbyist, spouse, or	Amon	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Amou	ии от Сопитониоп			
If yes, indicate which branch or branches of Executive Legislative		=	x <sub>No</sub>					
government the contract is with:	Doto	Received		-				
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 No Money Order 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 - Amendmer	nt				
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Loku		Valentin			0414			
Residential Street Address	City			State	Zip Code			
2 Windaway Rd		Danbury		СТ	06810			
Principal Occupation  Maintenance		Name of Employ	er n Hotel					
				Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	7 tinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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	Liliana		MI	Contribution ID #			
Ademaj  Residential Street Address	City	Liljana		State	0415 Zip Code			
326 Mt Lodge Rd	City	Monroe		NY	10950			
Principal Occupation		Name of Employ	er					
Manager		Lissus	S 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	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
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 #			
Ahmetaj		ISA			0416			
Residential Street Address	City			State	Zip Code			
2058 Crugier Ave # A4		Bronx		NY	10462			
Principal Occupation		Name of Employ						
Porter			evator					
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 <sub>No</sub>					
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			
I Honey order I credit book card								
Last Name	First			MI	Contribution ID #			
Mirash	C'i	Mali		Gr. i	0417			
Residential Street Address 416 Commack Rd	City	Commack		State NY	Zip Code 11725			
Principal Occupation		Name of Employ	er	INI	11725			
CEO			Investments					
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	or a robbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31?		12/2016			+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)	<del>U (</del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Kacaj		Ardian			0418			
Residential Street Address	City			State	Zip Code			
2454 Troop Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er					
Bartender		Lucke	s Lounge					
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:			x <sub>No</sub>					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cosh Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
in yes, list Event in introduction in Money order in Cleaner Centre				<u> </u>				
Last Name	First			MI	Contribution ID #			
Bikaj		Tonin			0419			
Residential Street Address	City			State	Zip Code			
21 Chapel Pl		Great Neck		NY	11021			
Principal Occupation		Name of Employ	er					
Construction			Restoration					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or  Galabhariae		int 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 yes  We thought of contribution:  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	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Marashi		Ernest			0420			
Residential Street Address	City			State	Zip Code			
465 Broadway		Hastings On	Hudson	NY	10706			
Principal Occupation		Name of Employ						
Construction			rranca Reality LLC					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e	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					
No No Personal Check	11/	12/2016	#100.00		+100.00			
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lulaj	First	Llesu		IVII	0421			
Residential Street Address	City	Liesu		State	Zip Code			
63 Splaiu Rd	City	Yonkers		NY	10710			
Principal Occupation		Name of Employ	er .	1	10710			
Construction			Construction					
			obbyist, spouse, or	Amou	int of Contribution			
Yes X No	)	dependent child of	Voc					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
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			1				

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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 - Amendmer	nt					
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lumaj		Joklina			0422				
Residential Street Address	City			State	Zip Code				
1632 Parkview Ave	<u> </u>	Bronx		NY	10461				
Principal Occupation Office Manager		Name of Employ							
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
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	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						
Superintendent		Sreuy							
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	5	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	11/	12/2016	\$60.00		\$60.00				
If yes, list Event # 11132016A	11/	13/2016	\$00.00		\$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							
Owner			Express Inc						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?  X Yes  X Cash  Personal Check									
If yes, list Event # 11132016A No S Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
I yes, is a roll in 11132010A									
Last Name	First			MI	Contribution ID #				
Hoxha	a:	Emiwano		a	0164				
Residential Street Address 470 Thoma Ave	City	Lyndhurst		State NJ	Zip Code 07071				
Principal Occupation		Name of Employ	er	143	07071				
Owner			ano Transport Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
Yes No	υ	dependent child of	a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71?	<b> </b>	42/2046			+100.00				
If yes, list Event # 11132016A No 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)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
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	er					
Assistent		EP - F	Painting 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	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with  an event concreted in Section 112  Yes  We then do f contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
□ No □ □	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Degani		Muhamed			0166			
Residential Street Address	City			State	Zip Code			
319 E 24th St		New York		NY	10010			
Principal Occupation		Name of Employ	er		•			
Assistant		ABM						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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 <sub>No</sub>					
Is this contribution associated with  x Yes  Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
U No   T	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
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		Royal	Diner					
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 <sub>No</sub>					
Is this contribution associated with  A yes  We want reported in Section 112	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 11132016A  No Cash Personal Check    Money Order   Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
					-			
Last Name	First			MI	Contribution ID #			
Vukaj		Thrist			0168			
Residential Street Address	City			State	Zip Code			
1179 Crosby Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Locksmith		MGN	Locksmith 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	int of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:  Executive Legislative	-	D : 1						
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
	<b>.</b>	42/2046	4400.00		+400.00			
If yes, list Event # 11132016A No San Personal Check    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 - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pllumb		Martini			0169				
Residential Street Address	City			State	Zip Code				
3530 Henry Hudson Pkwy	<u> </u>	Bronx		NY	10463				
Principal Occupation		Name of Employ							
Weldar  Is contributor a principal of a state contractor or prospective state contractor?		ED W	11.14	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7 timot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
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	F: .			L	Louis B"				
Last Name Kostandin	First	Permeti		MI	Contribution ID #				
Residential Street Address	City	reimen		State	Zip Code				
198-14 30th Ave	,	Flushing		NY	11358				
Principal Occupation		Name of Employ	er	!					
Student		Stude	nt						
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 <sub>No</sub>						
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 #				
Life		Buzhigi			0171				
Residential Street Address	City			State	Zip Code				
85 Upland Rd		York Town H	eights	NY	10598				
Principal Occupation		Name of Employ	er						
None		None							
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		i	x <sub>No</sub>						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?  X Yes Method of contribution:  X Cash Personal Check									
│	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Lelcaj		Moniola			0172				
Residential Street Address	City	D		State	Zip Code				
18 E 199th St # 3E Principal Occupation		Bronx Name of Employ	or	NY	10468				
None		None	Ci						
			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 <sub>No</sub>						
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  January 10 Filing - Amendment						
Lumaj Explore January 10 Filing - Amendment						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Tinaj		Dile			0173	
Residential Street Address	City	5		State	Zip Code	
2889 Bainbridge Ave Bsmt	<u> </u>	Bronx Name of Employ	ON .	NY	10458	
Principal Occupation  Housewife		House				
			obbyist, spouse, or	Amou	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes  Yes	0	dependent child of	<u> </u>			
government the contract is with:			x <sub>No</sub>			
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions			
No No Personal Check		42/2046	+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 #	
Tinaj		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	l Musculoskeletor Care			
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 cinia (				
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			
No Sash Personal Check	11/	13/2016	\$100.00		\$100.00	
If yes, list Event # 11132016A	/	10, 2010	Ψ100.00	\$100.00		
Last Name	First			MI	Contribution ID #	
Tinaj		Ladovik			0175	
Residential Street Address	City			State	Zip Code	
2889 Bainbridge Ave Bsmt		Bronx		NY	10458	
Principal Occupation		Name of Employ				
Assistant		_	ge Comfort and Sons			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>			
government the contract is with:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?    X Yes   X Cash   Personal Check   Pers						
If yes, list Event # 11132016A No S Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00	
Type, and Protest Transport Transpor					1	
Last Name	First			MI	Contribution ID #	
Daha	a:	Gjovalin		a	0176	
Residential Street Address  42 Pondfield Rd W	City	Bronxville		State NY	Zip Code 10708	
Principal Occupation		Name of Employ	er	INI	10700	
Conrtruction			In Construction & Landscapin	ng		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		unt of Contribution	
	0	dependent child of	a loodyist?			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 11:						
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)									
Lumaj Explore			January 10 Filing - Amendmer	nt					
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	<u> </u>	Bronxville		NY	10708				
Principal Occupation Painter		Name of Employ Barios							
			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 <sub>No</sub>						
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 AV	F: .			L	Louis B"				
Last Name Latin	First			MI	Contribution ID # 0178				
Residential Street Address	City	Gjura		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?	n		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/	13/2010	\$100.00		\$100.00				
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							
Superintendent			gwood LLC						
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
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				
I Honey order I credit book card									
Last Name	First			MI	Contribution ID #				
Nikolig	C'i	Vasel		G	0180				
Residential Street Address  14 Glenville Dr	City	Carmel		State NY	Zip Code 10512				
Principal Occupation		Name of Employ	er	INI	10312				
Dishwasher			Family Restruant						
Is contributor a principal of a state contractor or prospective state contractor?			abbreigt anguag or	Amou	unt of Contribution				
	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>	]					
Is this contribution associated with  An executed in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?		42/2015			+400.00				
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 - Amendmen	it				
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	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with X Voc 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 #			
Shkreti	1 1130	Pashico		WII	0182			
Residential Street Address	City			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?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amount 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:	Doto	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		Petrit			0183			
Residential Street Address	City			State	Zip Code			
2889 Bainbridge Ave Bsmt		Bronx		NY	10458			
Principal Occupation		Name of Employ	er iis Renovation					
Carpenter  Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	Amor	unt of Contribution			
Yes 🔼	No	dependent child of						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
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 #			
Shkreli	FIISt	Martin		IVII	0184			
Residential Street Address	City			State	Zip Code			
301 Greenwich Rd		Bedford		NY	10506			
Principal Occupation	•	Name of Employ	er					
Owner		ALBO	Corp					
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		acpendent child (	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		. 198108ate Contributions					
Cash Personal Check								

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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 - Amendmen	it				
B. Itemized Contributions from	m Ind	lividuals						
Last Name Shkeli	First	Zefa		MI	Contribution ID # 0185			
Residential Street Address	City			State	Zip Code			
20 Old Knollwood Rd	L	Elmsford		NY	10523			
Principal Occupation		Name of Employ						
Retired  Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 1 ·	Amou	ant of Contribution			
Yes N	О	dependent child o	of a lobbyist?	rinoc	ant of Contribution			
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Shkreli		Deda			0186			
Residential Street Address	City			State	Zip Code			
74 Tranquility Dr	L	Easton		СТ	06612			
Principal Occupation		Name of Employ						
Retired		Retire	11 14		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with an expert concreted in Section 112	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 #			
Shkreli		Viktor			0187			
Residential Street Address	City	<b>-</b>		State	Zip Code			
46 Nosh Kola Ln Principal Occupation	<u>.                                    </u>	Patterson  Name of Employ	or	NJ	12563			
Owner		1 ,	o Realty					
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 <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
No Section 7:	11/	12/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mashi		Mark			0188			
Residential Street Address	City			State	Zip Code			
3044 Valentine Ave Apt B4	L	Bronx		NY	10458			
Principal Occupation  None		Name of Employ None	er					
			obbyist, spouse, 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:			x <sub>No</sub>					
Is this contribution associated with X You Method of contribution:	Date	Received	Aggregate Contributions					
T Cook Possessed Cheek	<b>.</b>	12/2016	4400.00		+400.00			
No No Noney Order Credit/Debit Cord	11/	13/2016	\$100.00	I	\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
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?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check			4400.00					
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Noireu	FIISt	Prend		IVII	0190			
Residential Street Address	City	FIEIIU		State	Zip Code			
3044 Valentine Ave Apt B4	City	Bronx		NY	10458			
Principal Occupation		Name of Employ	er		10130			
None		None						
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 <sub>No</sub>					
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			
Tryes, use Event in Titizzoton Intology order In credit Debut Calif	<u> </u>							
Last Name	First			MI	Contribution ID #			
Puluka		Gisergj			0191			
Residential Street Address	City			State	Zip Code			
160 E 84th St Apt 2-G		New York		NY	10029			
Principal Occupation		Name of Employ						
Superintendent			lwall Management					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions					
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								
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?	)	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 (	x No					
government the contract is with:  Legislative Legislative Legislative	D. r	Dagaiyy- 4						
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	l **/	13/2010	φ100.00	1	Ψ100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	Type of proof		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore			TYPE OF REPORT  January 10 Filing - Amendment	ent	
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Marku		Gigste			0193
Residential Street Address	City	5		State	Zip Code
215-5 Paulolimg Ave Apt 3A Principal Occupation		Bronx Name of Employ	or .	NY	10462
None		None	ci		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l	obbyist, spouse, or  Ye	Amou	unt 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?			35 -5		
If yes, list Event # 11132016A	11/	13/2016	\$50.00		\$50.00
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?	)	Is contributor a le dependent child of	obbyist, spouse, or  Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna c	x No		
Is this contribution associated with  Is this contribution associated with  X Yes  Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	11/	13/2016	\$50.00		\$50.00
If yes, list Event # 11132016A					
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 Superintendent		Name of Employ Ajgin			
·				Amou	ant of Contribution
Yes 🔼 No	)	dependent child of	of a lobbyist?	3	
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a second of contribution:  Yes  Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?  Its X Cash Personal Check If yes, list Event # 11132016A  No Noney Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
				1	I a
Last Name	First	Ciakai		MI	Contribution ID #
Lola Residential Street Address	City	Gjokaj		State	0196 Zip Code
310 Lewis Ave	City	York Town H	eiahts	NY	10598
Principal Occupation		Name of Employ		1	
Owner		Artist	Limo Service		
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?  Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with an eventual in Section 112.	Date	Received	Aggregate Contributions	1	
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 RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT  January 10 Filing - Amendmen	nt	
Lumaj Explore			January 10 1 ming 7 minorialists		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kraja		Mirsao			0197
Residential Street Address	City	0		State	Zip Code
4330 48th Sunnyside Principal Occupation		Queens Name of Employ	or	NY	11104
Worker		Gent			
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	unt 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		
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 #
Pirani		Edlira			0198
Residential Street Address	City			State	Zip Code
6309 Bay Pkwy		Brooklyn		NY	11204
Principal Occupation		Name of Employ	er		
Unemployed			ployed		
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?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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 #
Pirani		Gerti			0199
Residential Street Address	City			State	Zip Code
6309 Bay Pkwy	<u>.                                    </u>	Brooklyn		NY	11204
Principal Occupation  President		Name of Employ	<sup>er</sup> Vindows		
				Amor	ant of Contribution
Yes 🔼 No	0	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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 # 11132016A No Sometimes of the No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Coku		Zef			0200
Residential Street Address	City			State	Zip Code
153 Fifth Ave # 1C	L	Pelham		NY	10803
Principal Occupation		Name of Employ			
Retired  Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbriet enouge or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child o	Vac	Aillot	in or contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  an event reported in Section 112  X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
all event reported in Section 31?					
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF DEPON	T	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore			January 10 Filing - Amend		
• •					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hasal	O.	Noah			0201
Residential Street Address	City	Duant		State	Zip Code 10458
Bronx 2830 Principal Occupation		Bronx Name of Employ	er	NY	10458
Superintendent		VES			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or	Yes An	nount of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e		No	
government the contract is with:	Date	Received	Aggregate Contributions	$\dashv$	
an event reported in Section J1?    X Yes   X Cash   Personal Check   Pers					
If yes, list Event # 11132016A No	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		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or	Yes	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna e		No	
government the contribution associated with support the contribution associated with support and in Section 112.	Date	Received	Aggregate Contributions	$\neg$	
No No Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A					
Last Name	First			MI	Contribution ID #
Lumaj		Jziden			0203
Residential Street Address	City			State	Zip Code
3066 Buhre Ave		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	Δn	nount of Contribution
Yes A No	)	dependent child o	of a lobbyist?	Yes	ount 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    X   Cash   Personal Check   Money Order   Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Lad Norm	Pit				Contribution ID#
Last Name Brahimaj	First	Talok		MI	Contribution ID # 0204
Residential Street Address	City	Talok		State	Zip Code
2130 Williams Brg	City	Bronx		NY	10467
Principal Occupation		Name of Employ	er		
Lissyss		Lisus	Bronx		
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 An	nount of Contribution
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	$\neg$	
an event reported in section 31?					
If yes list Event # 11132016A No Cash Personal Check	11/	13/2016	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A_I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Amendmer	nt	
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	er		
Superintendent		Kulco	l Management		
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 <sub>No</sub>		
Is this contribution associated with	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					
Last Name	First			MI	Contribution ID #
Mirjan		Mazia			0206
Residential Street Address	City			State	Zip Code
2326 Wickham Ave		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	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
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 #
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			Mang		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (	of a followist:		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
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
LadVana	Pit			MI	Ct-ib-ti ID#
Last Name	First	Filio		IVII	Contribution ID #
Berishaj Residential Street Address	City	Ejlio		State	0208 Zip Code
210 Riverside Dr # 1C	City	New York		NY	10025
Principal Occupation	L	Name of Employ	or.	INI	10023
Resident Manager			eed Management		
			abbyiet enauge or	Amou	unt of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			55 6		
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A	l É		· · · · · · · · · · · · · · · · · · ·		

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L 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 - Amendmen	nt	
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  Mechanic		Name of Employ	er S Corp		
				Amor	unt of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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	Datwit		MI	Contribution ID #
Grishoj  Residential Street Address	City	Petrit		State	0210 Zip Code
700 E 134th St Apt 2A	City	Bronx		NY	10454
Principal Occupation		Name of Employ	er	<u> </u>	
Tile Work		Peter	G Construction 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 foodyist?		
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 #
Ademaj		Saimir			0211
Residential Street Address	City			State	Zip Code
42 Kennedy Dr		Monroe		NY	10950
Principal Occupation		Name of Employ			
President		ALSA	· · · · · · · · · · · · · · · · · · ·		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x No		
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1?  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 #
Ndreca		Leonard			0212
Residential Street Address	City	Prony		State NY	Zip Code 10462
2363 Lyon Ave Apt 32 Principal Occupation		Name of Employ	er	INT	10402
Superintendent			CANS CORP		
			.1.1	Amou	unt of Contribution
	)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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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NAME OF COMMITTEE (Provide Complex Name as Registered with Commission   1998   1999	I. MONETARY RECEIPT	9 (9)	ection A-D			
Contribution   From   Property		<del>5 (5)</del>	ction A-i)	TYPE OF REPORT		
Test   Machina					nt	
Test   Machina	R Itemized Contributions from	n Ind	lividuals			
Popular   Popu		_	iividuais		Lva	Contribution ID#
Columbiant   Section   Advance   Columbiant   Columbian		First	Katrina		MI	
Principal Congression   Note		City			State	Zip Code
Contributes aprencipal of state centration or prospective state centrations of contributes to prospective state centrations of contributes to show state of the contribute of contributes of contribute	2109 Hone Ave		Bronx		NY	
Securithear a principal of a state centractor of prospective	Principal Occupation		Name of Employ	er	•	
Mary   No   Legislative which frames hor benaches of source in such community or countries and the contributions associated with an event reproted in Section 17   No   Method of countries are contributed associated with an event reproted in Section 17   No   Method of countries are contributed associated with an event reproted in Section 17   No   Method of countries are contributed associated with an event reproted in Section 17   No   Method of countries are contributed associated with an event reproted in Section 17   No   Method of countries are contributed associated with an event reproted in Section 17   No   Method of countries are contributed associated with an event reproted in Section 17   No   Method of countries are contributed associated with a countries are contributed associated with a countries are covered as with a covered as w	Worker		Aiole			
Second   S	Is contributor a principal of a state contractor or prospective state contractor?	)		Vac	Amou	int of Contribution
This is contribution associated with a section 1972   Yes   The distribution associated with a section 1972   Yes   The distribution associated with a section 1972   Yes   The distribution associated with a section 1972   Yes   This is a contribution associated with a section 1972   Yes   This is a contribution associated with a section 1972   Yes   Yes   This is a contribution associated with a section 1972   Yes   Yes   This is a contribution associated with a section 1972   Yes   Ye	If yes, indicate which branch or branches of		dependent child c	a loobyist?		
First   Firs	government the contract is with.	Data	Pagaiyad		-	
Tayes, list Event   1132016A	an event reported in Section J1?	Date	Received	Aggregate Contributions		
This is the feat of the control of	U No I □	11/	13/2016	\$100.00		\$100.00
Point-    Point-    Point-    Point-    Point-    Point-    Point-	If yes, list Event # 11132016A		,	·		·
Residential Sizeer Address	Last Name	First			MI	Contribution ID #
Second-based   Principal Occupation   Princ	Popaj		Luce			0214
Principal Occupation Walter    South but a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code
So contributor a principal of a state contractor or prospective state contractor	2109 Hone Ave		Bronx		NY	10461
Recontributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er		
Yes   Security   Sec						
Executive	Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)		Vac	Amou	nt of Contribution
It is contribution associated with an event reported in Section 11?  Last Name  Delaj  Residential Street Address  2384 Hoffman St # 1B  Principal Occupation  Employer  If yes, list Event # 11132016A  Residential Street Address  Contribution a principal of a state contractor or prospective state contractor?  If yes, list Event # 11132016A  Residential Street Address  Residential Street Addre	If yes, indicate which branch or branches of		dependent enna c	<u> </u>		
An event reported in Section J1?	government the contract is with.	Date	Received		4	
11/13/2016	an event reported in Section J1?	Bute	Received	riggiogate Contributions		
Last Name    Credit/Debit Card   First   First   Mil   Contribution ID #   O215	U No I ☐ □ □ □	11/	13/2016	\$100.00		\$100.00
Polario	If yes, list Event # 11132016A			,		
Residential Street Address   Zip Code   NY   10458   2384 Hoffman St # 1B	Last Name	First			MI	Contribution ID #
Secontribute a principal of a state contractor or prospective state contractor?   Yes   X   No   Second this practice is with:   No   Second this presentation of prospective state contractor?   Yes   X   No   Second this practice is with;   No   Second this presentation is second this presentation is second this practice is with;   No   Second this presentation is presentation in presentation is presentation in presentation	Delaj		Edvin			0215
Principal Occupation    Employer	Residential Street Address	City			State	Zip Code
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, spouse, or dependent child of a lobbyist?   X   No   No   Yes   X   No   Is contribution associated with an event reported in Section J1?   No   No   No   No   No   No   No   N	2384 Hoffman St # 1B		Bronx		NY	10458
Is contributor a principal of a state contractor or prospective state contractor?						
If yes, indicate which branch or branches of government the contract is with:    Executive				<u> </u>		
Executive   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   Legislative   State contribution associated with an event reported in Section J1?   Yes   Method of contribution:   Date Received   Aggregate Contributions   \$100.00   \$100.0	is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)			Amou	int of Contribution
Is this contribution associated with an event reported in Section J1?  Last Name  Koca  Residential Street Address  14 S Broadway  Principal Occupation  Finance Manager  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?  Whethod of contribution:  No  Method of contribution:  Date Received  Aggregate Contributions  First  Fabio  City  State  Zip Code  1rvington  NY  10533  Principal Occupation  Chester Toyota  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  State Toyota  Amount of Contribution dependent child of a lobbyist; spouse, or dependent child of a lobbyist?  No  State Toyota  Amount of Contribution dependent child of a lobbyist spouse, or dependent child of a lobbyist?  No  State Toyota  Amount of Contribution dependent child of a lobbyist spouse, or dependent child of a lobbyist.  No  State Toyota  Amount of Contribution dependent child of a lobbyist spouse, or dependent child of a lobbyist.  No  State Tip Code  Aggregate Contributions  Amount of Contribution dependent child of a lobbyist.  No  State Tip Code  Aggregate Contributions  Amount of Contribution dependent child of a lobbyist.  No  State Tip Code  Aggregate Contributions	Evanutiva Lagislativa			x No		
an event reported in Section J1?  If yes, list Event # 11132016A	government the contract is with:	Date	Received		1	
If yes, list Event # 11132016A No Money Order Credit/Debit Card 11/13/2016 \$100.00 \$100.00  Last Name Koca First MI Contribution ID # 0216  Residential Street Address City State Zip Code 14 S Broadway Irvington NY 10533  Principal Occupation Finance Manager Chester Toyota  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 Sovernment the contract is with:  Is this contribution associated with an event reported in Section J1? No	an event reported in Section 31:					
Residential Street Address City State Zip Code 14 S Broadway  Principal Occupation Finance Manager  State City Name of Employer Chester Toyota  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?  Method of contribution:  Date Received  Aggregate Contributions  \$10.000  \$100.000	U No I ☐ □	11/	13/2016	\$100.00		\$100.00
Residential Street Address City State Zip Code 14 S Broadway  Principal Occupation Finance Manager  State City Name of Employer Chester Toyota  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?  Method of contribution:  Date Received  Aggregate Contributions  \$10.000  \$100.000	Last Name	First			МІ	Contribution ID #
Residential Street Address  14 S Broadway  Principal Occupation Finance Manager  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?  Aggregate Contributions  State  Zip Code  NY  10533  Name of Employer  Chester Toyota  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Aggregate Contributions  \$\frac{X}{X} \text{ No} \text{ No} \text{ State} \text{ Zip Code}  Amount of Contribution  Amount of Contribution  Aggregate Contributions  \$\frac{X}{X} \text{ No} \text{ No}  \$\frac{X}{X} \text{ No}  \$\frac{X}{		1 1150	Fabio			
Principal Occupation Finance Manager  Some of Employer Chester Toyota  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 Chester Toyota  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  Is contributor a lobbyist?  Is contributor a lobbyist?  Is contributor a lobbyist?  In yes  Amount of Contribution  Aggregate Contributions  Personal Check  It /13/2016  \$100.00  \$100.00	Residential Street Address	City			State	Zip Code
Finance Manager  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:  No  Personal Check  Chester Toyota  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Aggregate Contributions  \$\text{X}\$ No  \$\text{No}\$  \$\text{X}\$ No  \$\text{No}\$  \$\text{X}\$ No  \$\text{No}\$  \$\text{X}\$ No  \$\text{X}\$ No  \$\text{No}\$  \$\text{X}\$ No  \$\text{X} No  \$\text{X}\$ No  \$\text{X}\$ No  \$\text{X} No  \$\text{X}	14 S Broadway		Irvington		NY	10533
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?  No    Section J1   Personal Check   11/13/2016   \$100.00   \$100.00      Section J1   Personal Check   11/13/2016   \$100.00      Section J1   Personal	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?  No Date Received Aggregate Contributions  Aggregate Contributions    X   Yes   X   No	Finance Manager		Chest	er Toyota		
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 No Personal Check  11/13/2016  \$100.00	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	nt of Contribution
Is this contribution associated with an event reported in Section J1?    X Yes	Evanutiva I anialativa		1	-		
an event reported in Section J1?    X Yes	government the contract is with:	Date	Received		1	
│ № │	an event reported in Section J1?			55-5m- 2 automo		
	If yes, list Event # 11132016A No Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00

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L 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 - Amendmer	nt	
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Malaj		Rikard			0217
Residential Street Address	City			State	Zip Code
233 3rd St	<u> </u>	Fairview		NJ	07022
Principal Occupation		Name of Employ			
Painter  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	Vac	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
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 .			I	
Last Name	First	A.U		MI	Contribution ID #
Markyukay Residential Street Address	City	Albert		State	0218 Zip Code
29 Old Bedford Rd	City	Golden Bridg	۵	NY	10526
Principal Occupation	<u>.                                    </u>	Name of Employ		141	1 10320
owner			ainting Restoration		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of			
government the contract is with:  Executive Legislative			x <sub>No</sub>		
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 #
Cascio	1 1150	Michael			0219
Residential Street Address	City			State	Zip Code
3181 44th St		Astoria		NY	11103
Principal Occupation		Name of Employ	er	-	•
Tax Accountant		CGS L	LLP		
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	x No		
government the contract is with:  Is this contribution associated with  Method of contribution:	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	11/:	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A		,			·
Last Name	First			MI	Contribution ID #
Arnutovic		Eldina			0220
Residential Street Address	City			State	Zip Code
3066 Buhre Ave	L	Bronx		NY	10461
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
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Amou	an or Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
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 31?					
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 RECEIPT	S (S	ection A-I)	I www.or.nenon	<b>T</b>	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore			TYPE OF REPOR  January 10 Filing - Amend		
Lumaj Explore					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cela		Bernard			0221
Residential Street Address	City	Door alsk on		State	Zip Code
2157 63rd St Principal Occupation	L	Brooklyn Name of Employ	or .	NY	11204
Handyman			n Harris Stivens		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?		
government the contract is with:	Doto	Received	Aggregate Contributions	No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 11132016A No Solution No	11/	13/2016	\$100.00		\$100.00
	<u> </u>				
Last Name	First	Falcand		MI	Contribution ID #
Vukaj Residential Street Address	City	Eolvard		State	O222 Zip Code
3066 Buhre Ave	City	Bronx		NY	10461
Principal Occupation		Name of Employ	er	1 '''	10 101
Owner			Painting		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of	J	dependent child of	if a lobbyist?	No	
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			36 -3		
If yes, list Event # 11132016A No S Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Qytetza	FIISU	Tovin		IVII	0223
Residential Street Address	City			State	Zip Code
41-07 Bowve St		Flushing		NY	11355
Principal Occupation	-	Name of Employ	er		•
Superintendent		Foxwo	ood		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes Am	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:			X	No	
Is this contribution associated with  Is this contribution in the contri	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gocaj		Musa			0224
Residential Street Address	City			State	Zip Code
7 Jefferson Pl		Mount Verno	n	NY	10550
Principal Occupation		Name of Employ			
Manager			iew Deli		
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 f a lobbyist?	Yes Am	ount 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 6		
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)	TYPE OF DEPONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore			TYPE OF REPORT  January 10 Filing - Amendme	nt	
• •					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First	_		MI	Contribution ID #
Vjka		Tome		<del> </del>	0225
Residential Street Address  7 Jefferson Pl	City	Maunt Vanna	_	State	Zip Code 10550
Principal Occupation		Mount Verno		NY	10550
None		1 7	Construction		
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Duit	recerred	11gg. egate commount		
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Demaliaj	1 1100	Erguseida			0226
Residential Street Address	City	<u></u>		State	Zip Code
37-50 37th St		Flushing		NY	11368
Principal Occupation		Name of Employ	er	-	•
Assistant Administrtive		Bizzi a	and Partners		
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 government the contract is with:		dependent child of	x No		
government the contribution associated with support the contribution associated with support and in Section 112.	Date	Received	Aggregate Contributions	1	
x Cash Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A		·	•		
Last Name	First			MI	Contribution ID #
Landi		Xhavara			0227
Residential Street Address	City			State	Zip Code
8 Orhard Trl		Monroe		NY	10950
Principal Occupation Owner		Name of Employ			
				Amor	unt of Contribution
Yes A No	)	dependent child of	of a lobbyist?	7111100	
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
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 #
Milkurti	First	Lijftim		IVII	0228
Residential Street Address	City	-9		State	Zip Code
1910 Hobart		Bronx		NY	10461
Principal Occupation		Name of Employ	er	-	
Plumber		Donat	e Plumbing		
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	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
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 No Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00

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I. 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 - Amendmer	nt	
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Xhuljo		Toma			0229
Residential Street Address	City			State	Zip Code
2621 Palisade Ave		Bronx		NY	10463
Principal Occupation		Name of Employ	er		-
Employee		Billt's	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		dependent child of	<u> </u>		
government the contract is with:  Executive Legislative	_		x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cash 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 #
Braho		Ismail			0230
Residential Street Address	City			State	Zip Code
1828 Pilgrim Ave		Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Painter		Gotha	am Painting		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	_	dependent child of	of a 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		
Cash 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 #
Fation	1 1100	Gjoka			0231
Residential Street Address	City			State	Zip Code
2621 Palisade Ave		Bronx		NY	10463
Principal Occupation		Name of Employ	er		
Employer		Billy's	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		dependent child of	x No		
government the contract is with:  Executive Legislative		D : 1			
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	/	10, 2010	Ψ100.00		<del></del>
Last Name	First			MI	Contribution ID #
Uljie		Ulja			0232
Residential Street Address	City			State	Zip Code
2168 Hoive Ave		Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Painter		Ulja U	Iljie		
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 roodyist?		
government the contract is with:  Executive Legislative	Б.	D : 1	x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No Service and Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A Money Order Credit/Debit Card		13/2010	\$100.00		φ100.00

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I. MONETARY RECEIPT	S (S	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(		TYPE OF REPORT		
Lumaj Explore			January 10 Filing - Amendme	nt	
B. Itemized Contributions from	n Inc	lividuals			
Last Name	First			MI	Contribution ID #
Popaj		Genci			0233
Residential Street Address	City			State	Zip Code
90 Knightsbridge Rd # 2J		Great Neck		NY	11021
Principal Occupation		Name of Employ	er	-	
President		GP Re	estoration		
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	۱.,,	42/2046	+100.00		+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 #
Pali	FIISt	Lan		IVII	0234
Residential Street Address	City	Lan		State	Zip Code
1803 Mahan Ave Apt 4	City	Bronx		NY	10461
Principal Occupation		Name of Employ	er	1 111	10401
investment Analyst		1 7	itive Monerary Management		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X No	)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with    X   Yes   Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A					
Last Name	First			MI	Contribution ID #
Deriishi		Robert			0235
Residential Street Address	City			State	Zip Code
1632 Parkview Ave		Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Supervisor		Joy C	onstruction		
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 enna (	x No		
government the contract is with:	Б.	D : 1			
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	11/	13/2016	\$100.00		\$100.00
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2010	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Popaj		Kole			0236
Residential Street Address	City			State	Zip Code
2109 Hone Ave		Bronx		NY	10461
Principal Occupation		Name of Employ	er	•	
Porter		Brosk	у		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution
	J	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	]	
X Cook Demond Chock					
If yes, list Event # 11132016A No San Money Order 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 - Amendment	
B. Itemized Contributions from Individuals	
Last Name First MI Con	ntribution ID#
Mulak Fatjon 023	:37
	Code
	462
Principal Occupation  Name of Employer  Operations  Allied Universal	
	Contribution
Yes No 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  an event reported in Section 11?  We see the definition of the section 11?  We see the definition of the section 11?	
X Cash Personal Check	
If yes, list Event # 11132016A No Money Order Credit/Debit Card 11/13/2016 \$100.00 \$100	0.00
Last Name First MI Con	ntribution ID#
Parubi Paulin Paulin 023	
	Code
3794 Ettman St Shrub Oak NY 105	588
Principal Occupation Name of Employer	
Contractor Joseph General Construction	
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No Is contributor a lobbyist, spouse, or Yes Amount of Contributor a lobbyist, spouse, or Yes Yes Yes Yes	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	
No Cash Personal Check 11/13/2016 \$100.00 \$100	0.00
If yes, list Event # 11132016A	
Last Name First MI Con	ntribution ID #
Ademaj Edra 023	:39
Residential Street Address City State Zip	Code
	950
Principal Occupation Name of Employer	
Accountant  ALSA CANS CORP  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a lobbyist, spouse, or  Amount of C	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 C	Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative	
Is this contribution associated with  Aggregate Contributions  Page 12  Per 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 \$100.00 \$100	0.00
Last Name First MI Con	ntribution ID#
Avdullahai Sami 024	
	Code
	469
Principal Occupation Name of Employer	
Cleaner ABM	
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 C	Contribution
If yes, indicate which branch or branches of	
government die contract is with.	
X Vac	
an event reported in Section J1?	

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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 - Amendmer									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gega		Pashko			0241				
Residential Street Address	City			State	Zip Code				
735 Pelham Pkwy	L	Bronx		NY	10467				
Principal Occupation  None		Name of Employ	er roicsion						
				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 <sub>No</sub>						
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 #				
Gjergji	FIISt	Florian		IVII	0242				
Residential Street Address	City	Tionan		State	Zip Code				
126 Glover Ave		Yonkers		NY	10704				
Principal Occupation	•	Name of Employ	er		1				
Drywaller		Gotha	nm Drywall Inc						
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	of a foodyist?						
government the contract is with:  Executive Legislative		D 1 1	x <sub>No</sub>						
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	/	20, 2010	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Tolaj		Paolo			0243				
Residential Street Address	City			State	Zip Code				
37-50 97th St	<u> </u>	Flushing		NY	11368				
Principal Occupation		Name of Employ							
Window Installer			Windows 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		Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with  an expert spectral in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions	1					
All event reported in Section 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 #				
Kalici	1 1150	Besjana			0244				
Residential Street Address	City	-		State	Zip Code				
15 Marita Dr		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
Assistant Teacher			Waterbury						
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	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			•						
If yes, list Event # 11132016A No SX Cash Personal Check Money Order Credit/Debit Card	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 - Amendme									
B. Itemized Contributions from Individuals									
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  X No	)	dependent child of	Voc	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with  an executed 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				
I Honey order									
Last Name	First			MI	Contribution ID #				
Kacupaj		Aferdita			0246				
Residential Street Address	City	D 11		State	Zip Code				
2052 Bay Ridge Ave # 3F		Brooklyn Name of Employ	on.	NY	11204				
Principal Occupation  Editor in Chief		Votra							
			11 14	Amor	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 <sub>No</sub>						
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?  X Yes  X Cash  Personal Check									
If yes, list Event # 11132016A No San Service Cash Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
I Honey order Cardination									
Last Name	First			MI	Contribution ID #				
Gjini		Anjeze			0247				
Residential Street Address	City	5		State	Zip Code				
1858 Colden Ave # 3 Principal Occupation		Bronx Name of Employ	ou.	NY	10462				
Retired		Retire							
			obbyist spouse or	Amou	ant of Contribution				
Yes 🔼 No	)	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 31?									
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
				l					
Last Name	First	Alban		MI	Contribution ID #				
Ahmetaj Residential Street Address	City	Alban		State	0248 Zip Code				
2058 Crugier Ave # A4	City	Bronx		NY	10462				
Principal Occupation		Name of Employ	er	<u> </u>	1 20.02				
Unemployed			ployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	י	dependent child of	or a robbyist?						
government the contract is with:			x <sub>No</sub>						
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 # 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  January 10 Filing - Amendmen	nt .					
Lumaj Explore	January 10 Filing - Amendmer	п.							
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Lumaj		Aoledina			0249				
Residential Street Address	City	_		State	Zip Code				
3066 Buhre Ave		Bronx		NY	10461				
Principal Occupation  Name of Employer  Student  Student									
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	of a lobbyist?						
government the contract is with:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 11132016A	11/	13/2016	\$100.00		\$100.00				
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 Employe	er		•				
Waiter		Rober	to's						
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	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna o	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	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A		10, 2010	Ψ200.00						
Last Name	First			MI	Contribution ID #				
Ruci		Ardiorn			0251				
Residential Street Address	City			State	Zip Code				
1450 Bay Ridge Pkwy	<u>.                                    </u>	Brooklyn		NY	11204				
Principal Occupation  President		Name of Employ	er Windows and Doors						
				Amou	unt of Contribution				
Yes 🔼 No	0	dependent child o		7 tinot	in or contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check		42/2046	+400.00		+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 #				
Malaj		Ndue			0252				
Residential Street Address	City			State	Zip Code				
2975 Marion Ave	L	Bf Park		NY	12458				
Principal Occupation		Name of Employ							
Porter			Qytetzos						
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 <sub>No</sub>	1					
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?				1					
If yes list Event # 11132016A No No Money Order 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)								
Lumaj Explore January 10 Filing - Amendmen								
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		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	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
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	0.1		MI	Contribution ID #			
Lumaj  Residential Street Address	City	Grel		State	0254 Zip Code			
3066 Buhre Ave	City	Bronx		NY	10461			
Principal Occupation		Name of Employ	er	141	10401			
Construction			y one sixty nine LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	)	dependent child of	<u></u>					
government the contract is with:  Executive Legislative			x No					
Is this contribution associated with  An expert reported in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pejaj	1 1150	Bardhok			0255			
Residential Street Address	City			State	Zip Code			
90 Holmes Ave		Harstdale		NY	10520			
Principal Occupation		Name of Employ	er	,	•			
carpenter		Bily C	ontractor					
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:	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 #			
Pejaj		Nikoll			0256			
Residential Street Address	City			State	Zip Code			
2333 Fenton Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ						
carpenter  Is contributor a principal of a state contractor or prospective state contractor?			ontractor obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	Vac	Aillou	an or Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions					
Is this contribution associated with an event reported in Section J1?    X Yes								
If yes, list Event # 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)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(		TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Vushaj		gjcrgj			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?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			X No					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
X Cosh Parsonal Check								
If yes, list Event # 11132016A No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rexho	First	Nazif		IVII	0258			
Residential Street Address	City	INGZII		State	Zip Code			
2565 Bronxwood Ave	City	Bronx		NY	10469			
Principal Occupation		Name of Employ	er		20.03			
Cleaner		Harva						
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 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			
injusticial interpolated in creations can								
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						
Human Resources  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No.	)	dependent child of		711100	nt of Controlation			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?  X Yes  Method of contribution:  X Cash  Personal Check								
U No I ☐ □	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
rexho		aida			0260			
Residential Street Address	City			State	Zip Code			
2565 Bronxwood Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ						
Home Care		Bronx						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	received	15510gate Contributions					
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A		,	¥100.00		T = 30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  January 10 Filing - Amendment					
Lumaj Explore	п.				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Popaj		Lek			0261
Residential Street Address	City			State	Zip Code
101 Mountain Yellhem St	<u> </u>	Ridgefield Pa		NJ	07660
Principal Occupation  unemployed		Name of Employ	ployed		
				Amou	ant of Contribution
Yes X N	0	dependent child o	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  A yes  Method of contribution:	Date	Received	Aggregate Contributions		
X Cook Developed in Section 31?					
If yes, list Event # 11132016A No Cash Credit/Debit Card	11/	13/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Luanaj	First	Raimonda		IVII	0262
Residential Street Address	City	Kaimonaa		State	Zip Code
213 Taaffe Pl		Brooklyn		NY	11295
Principal Occupation	<u>'                                    </u>	Name of Employ	er	<u>!</u>	
Unemployed		Unem	ployed		
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	o l	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Section 17:		12/2016	+400.00		+100.00
If yes, list Event # 11132016A	11/.	13/2016	\$100.00		\$100.00
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			nental Construction		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna c	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Bute	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 #
Kazaj		Kristjan			0264
Residential Street Address	City			State	Zip Code
Paulding Ave APT 5A	L.,	Bronx		NY	10462
Principal Occupation		Name of Employ			
Painter  Is contributor a principal of a state contractor or prospective state contractor?			nental Construction 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	Vac	Amot	in or Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
government the contract is with:  Is this contribution associated with an avoid contribution:  A Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
If yes, list Event # 11132016A 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)  TYPE OF REPORT									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore	dment								
Editia) Explore									
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Veshtaj		Marjan			0265				
Residential Street Address	City	NaVaul		State	Zip Code				
Nelson Ave		New York	or.	NY	10583				
Principal Occupation Name of Employer  Painter SAJO Painting									
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 Executive Legislative		dependent child of		No					
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1-88-18410 0111111111111111111111111111111111						
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 #				
Gutaj		Florian			0266				
Residential Street Address	City			State	Zip Code				
205 Laze		Bronx		NY	10469				
Principal Occupation		Name of Employe	er		•				
Painter		Contir	nental Construction						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amount of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent enna o	x	No					
Is this contribution associated with  The second of the se	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 #				
Kalaj		Aleksander			0267				
Residential Street Address	City			State	Zip Code				
35 McKinley Ave Apt Gf Principal Occupation		Hawthorne Name of Employe		NY	01506				
Construction			nental Construction						
					Amount 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	Date	Received	Aggregate Contributions						
an event reported in Section J1?  Ites  X Cash  Personal Check  If yes, list Event # 11132016A  No  No  No  Cash  Personal Check  Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
					10.7.7.7.77				
Last Name Predlicaj	First	Albert		MI	Contribution ID # 0268				
Residential Street Address	City	Albert		State	Zip Code				
1854 Colden Ave	City	Bronx		NY	10462				
Principal Occupation		Name of Employe	er		1				
Painter		Giova	nn Renovdation						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or f a lobbyist?	Yes	Amount of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x	No					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
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)			TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Amendmer	nt					
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mdoci		Agron			0269				
Residential Street Address	City			State	Zip Code				
4 First St		Saceiri		NY	01870				
Principal Occupation		Name of Employ	er						
Cook		Niks [							
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		dependent ennu e	x <sub>No</sub>						
government the conduct is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Bute	Received	riggregate contributions						
No X Cash Personal Check	11/	13/2016	\$100.00		\$100.00				
If yes, list Event# 11132016A		10, 2010	Ψ100.00						
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 Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with:  Executive Legislative			x No						
Is this contribution associated with  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	\$100.00		\$100.00				
					T				
Last Name	First			MI	Contribution ID #				
Kalaj Residential Street Address	G:	Bruno		G	0271				
2121 Paulding Ave	City	Prony		State NY	Zip Code 10462				
Principal Occupation		Bronx Name of Employ	or.	INT	10462				
Plumber			umbing and Heating						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of		Zimot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
	Date	Received	Aggregate Contributions						
an event reported in Section J1?  X Yes  Method of contribution:  X Cash  Personal Check									
U No I To The State of the Stat	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A									
Last Name	First			MI	Contribution ID #				
Pepaj		Mondolena			0272				
Residential Street Address	City			State	Zip Code				
7328 Kennedy Blvd Apt 4		North Berger	1	NJ	07047				
Principal Occupation		Name of Employ	er						
Housewife		None							
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		acpendent ennu (	x No						
government the contract is with:  Executive Legislative	ъ	<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	¢100 00		¢100 00				
If yes, list Event # 11132016A Money Order Credit/Debit Card	1 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									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	nt .								
Lumaj Explore January 10 Filing - Amendment									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Dukaj		Vjollce			0273				
Residential Street Address	City	_		State	Zip Code				
1819 Williamsbridge Rd	<u> </u>	Bronx Name of Employ	ON .	NY	10461				
Principal Occupation  Unemployed			ployed						
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	U	dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative	Б.	D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 11132016A No X Cash Personal Check  No No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
				<u> </u>					
Last Name	First	Datina		MI	Contribution ID #				
Goana Residential Street Address	City	Betim		State	Zip Code				
1731 Paulding Ave	City	Bronx		NY	10467				
Principal Occupation		Name of Employ	er						
Worker		Const	ruction						
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	o	dependent child of	of a lobbyist?						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -						
If yes, list Event # 11132016A No XX Cash Personal Check  Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
	L			l					
Last Name Pemati	First	Erancock		MI	Contribution ID # 0275				
Residential Street Address	City	Francesk		State	Zip Code				
2455 Cruger Ave	City	Bronx		NY	10461				
Principal Occupation		Name of Employ	er		Į				
Owner		Konst	rukshea						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  of a lobbyist?  Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of		dependent child of	I a loooyist:						
government the contract is with:  Is this contribution associated with  Method of contribution:	Б.	D : 1							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
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 #				
Nikolli		Anton			0276				
Residential Street Address	City			State	Zip Code				
2155 Paulding Ave Apt 3A		Bronx		NY	10462				
Principal Occupation		Name of Employ							
construction			Construction						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x <sub>No</sub>	1					
government the contract is with.	Date	Received	Aggregate Contributions	1					
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 RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			January 10 Filing - Amendmen	nt					
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Letmer		Frangaj			0277				
Residential Street Address	City			State	Zip Code				
690 E 139th St	<u> </u>	Bronx		NY	10458				
Principal Occupation		Name of Employ							
Tileman  Is contributor a principal of a state contractor or prospective state contractor?		T and	11 11	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
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				
	l			l					
Last Name	First			MI	Contribution ID #				
Camaj	a:	Erma		G: :	0278				
Residential Street Address	City	Now York		State	Zip Code 10024				
121 E 37th St Principal Occupation		New York Name of Employ	or	NY	10024				
Unemployed			ployed						
			obbyist, spouse, or	Amount of Contribution					
	0	dependent child of	obbyist, spouse, or Yes 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	\$50.00		\$50.00				
I av	F: /			L	Louis B"				
Last Name Sinani	First	Rezarta		MI	Contribution ID # 0279				
Residential Street Address	City	Rezarta		State	Zip Code				
2522 Steinway St	City	Astoria		NY	11103				
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	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x <sub>No</sub>						
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/	12/2016	¢50.00		¢50.00				
If yes, list Event # 11132016A Money Order Credit/Debit Card	11/	13/2016	\$50.00		\$50.00				
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		Name of Employ	er						
Pizzaman		Frank	s Pizza		_				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		sependent ennu (	x No						
government the contract is with:  Is this contribution associated with  Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	received	regregate Contributions						
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A	1			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 - Amendmen	nt					
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Nalaj		Nikolin			0281				
Residential Street Address	City			State	Zip Code				
2746 Bainbridge Ave	ļ	Bronx		NY	10458				
Principal Occupation  Worker		Name of Employ	er COnstruction						
			11.14	Amou	unt of Contribution				
Yes X No	)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
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	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 Rash Personal Check	11/	13/2016	\$100.00		\$100.00				
If yes, list Event # 11132016A	11/	15/2010	\$100.00		Ţ100.00 				
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							
GF			Maintenance						
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	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
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						
an event reported in Section 31?									
If yes, list Event # 11132016A No San Personal Check  No Money Order Credit/Debit Card	11/	13/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kadiu		Albi			0284				
Residential Street Address	City			State	Zip Code				
145-95 Street		Brooklyn		NY	11209				
Principal Occupation		Name of Employ	er						
Owner		Kajdi	· ·						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contact 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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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Lumaj Explore January 10 Filing - Amendmen									
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	L	Brooklyn		NY	11209				
Principal Occupation Painter		Name of Employ	er ainting						
			11.14	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
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 #				
Abdiaj	FIISt	Edmond		IVII	0286				
Residential Street Address	City	Lamona		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?	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:  Legislative  Legislative	Dete	D i 4							
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	/	10, 2010	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Kovcini		Anolrea			0287				
Residential Street Address	City			State	Zip Code				
185 Ave 68th Apt 4	<u> </u>	Brooklyn		NY	11024				
Principal Occupation		Name of Employ							
Construction  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of		Aillot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with  an expert seperated in Section 112  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				
Last Name	First			MI	Contribution ID #				
Janko	1 1130	Jlir		IVII	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?  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		1	x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
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)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendmen								
Edinaj Explore								
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  Yet a labbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x <sub>No</sub>	.				
government the contract is with:	Date	Received	Aggregate Contributions	$\exists$				
an event reported in Section J1?			36 -3					
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		Kol			0290			
Residential Street Address	City			State	Zip Code			
1862 Curting Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	•	•			
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Ye	Amo	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:		асренает сппа о	x No	,				
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1				
No No Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
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						
				Amor	unt of Contribution			
Yes A No	)	dependent child of	of a lobbyist?	S				
If yes, indicate which branch or branches of government the contract is with:			x No	<u>,                                    </u>				
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions					
an event reported in Section J1?  If yes, list Event # 11132016A    X Cash   Personal Check   Money Order   Credit/Debit Card	11/	13/2016	\$100.00		\$100.00			
Lad Norm	First			MI	Contribution ID#			
Last Name kacupaj	FIISt	Lutfija		IVII	Contribution ID # 0292			
Residential Street Address	City	Lutiju		State	Zip Code			
213 Taaffe Pl		Brooklyn		NY	11205			
Principal Occupation		Name of Employe	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 of a lobbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>	, [				
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 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 - Amendme								
B. Itemized Contributions from	m Ind	lividuals						
Last Name Gjergji	First	Pjeriw		MI	Contribution ID # 0293			
Residential Street Address	City			State	Zip Code			
367 Barway Dr	L	York Town H	eights	NY	10598			
Principal Occupation Painter		Name of Employer  Contin	er nental Construction					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or  If a lobbyist?  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		•	x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
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 #			
Bulaj		Sokol			0294			
Residential Street Address	City			State	Zip Code			
24 Broadway	L.,	Sherley		NY	11967			
Principal Occupation		Name of Employ						
Construction  Is contributor a principal of a state contractor or prospective state contractor?			rse Roof obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	О	dependent child o	Vac	111100	ant of Continuation			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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			
Last Name	First			MI	Contribution ID #			
Qetta		Prend			0295			
Residential Street Address	City			State	Zip Code			
45 Niagara St	Ļ.,	Waterbury		СТ	06705			
Principal Occupation Packer		Name of Employe						
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	o	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with	Date	Received	Aggregate Contributions					
All 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 #			
Dashi		Kitairdie			0296			
Residential Street Address	City			State	Zip Code			
2445 Hering Ave	Щ,	Bronx		NY	10465			
Principal Occupation  Manager		Name of Employ	er iew Deli					
			11	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 <sub>No</sub>					
Is this contribution associated with X You Method of contribution:	Date	Received	Aggregate Contributions					
All event reported in Section 31?		12/2015			+50.00			
No No Noney Order Credit/Debit Cord	11/	13/2016	\$50.00	1	\$50.00			

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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 - Amendmen	nt .				
Lumaj Explore			January 10 Filing - Amendmen	п				
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	ļ.,	Bronx		NY	10465			
Principal Occupation Paralegal		Name of Employ Law C	er Office of peter Lumaj					
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  Executive Legislative		dependent child (	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 Solution No	11/	13/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bujaj		Eduard			0298			
Residential Street Address	City			State	Zip Code			
4200 Herkimer Plc	<u> </u>	Bronx		NY	10470			
Principal Occupation		Name of Employ	er					
Worker			COnstruction					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
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?  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 #			
Cekaj		Elvis			0299			
Residential Street Address	City			State	Zip Code			
2954 Valentine Ave	L.,	Bronx		NY	10458			
Principal Occupation		Name of Employ						
Plumber			Plumbing obbyist, spouse, or	Amax	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of		Amou	iit of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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 # 11132016A No Season Creck 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	L	Bronx		NY	10458			
Principal Occupation		Name of Employ						
Worker			Communication					
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 <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions	1				
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 RECEIPTS (Section A-I)								
	<b>5 (5</b> (	ection A-1)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  January 10 Filing - Amendmen								
Lumaj Explore January 10 Filing - Amendmen								
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					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  General Advanced 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 <sub>No</sub>					
Is this contribution associated with  an event reported in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Parsonal Chark								
□ No □	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A								
Last Name	First			MI	Contribution ID #			
Kadiu		Valentina			0302			
Residential Street Address	City			State	Zip Code			
145-95 Street		Brooklyn		NY	11209			
Principal Occupation		Name of Employ	er					
Owner		Kejdi	Corp					
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  Executive  Legislative			x No					
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash Personal Check	11/	13/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A	11/	15,2010	Ψ100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
Cosovic	1 1130	Arslan		1411	0424			
Residential Street Address	City	71131411		State	Zip Code			
2725 Marion Ave	City	Bronx		NY	10458			
Principal Occupation		Name of Employ	or .	141	10430			
Superintendent			lanaagement					
·			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 <sub>No</sub>					
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	11/	23/2016	\$100.00		\$100.00			
If yes, list Event #	11/.	23/2010	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
	FIISt	Director		IVII	0467			
Alajhi	C);	Burun		G				
Residential Street Address	City	Later Davide	11	State	Zip Code			
12 Pecoho Rd		Lake Peekski		NY	10537			
Principal Occupation		Name of Employ						
Manager			ant Valley Pizza					
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 a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:  Executive Legislative	لــا							
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	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 (50	ection A-I)	I TYPE OF PEROPE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Lumaj Explore January 10 Filing - Amendmen								
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?			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 <sub>No</sub>					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash X Personal Check	11/	25/2016	\$375.00		\$375.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Domi		Ylli			0436			
Residential Street Address	City			State	Zip Code			
24 Broadway	City	Shorlov		NY	11967			
Principal Occupation		Sherley Name of Employ	24	INI	11907			
		1 3						
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 a lobbyist?	Атои	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with  A second reported in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?  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	i 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?								
× 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					
General Contractor			nos Corp					
			obbyiet engues or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check		27/2016	+200.00		+200 00			
If yes, list Event # Money Order Credit/Debit Card	11/	27/2016	\$200.00		\$200.00			

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I MONETA DV DE CEIDTO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	<u> </u>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Lumaj Explore			January 10 Filing - Amendmen	nt				
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					
			obbyjet enouse 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  Executive  Legislative			x <sub>No</sub>					
government the contract is with:  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 #	/	20, 2010	Ψ300.00					
Last Name	First			MI	Contribution ID #			
Domi	1 1150	Artan		1411	0459			
Residential Street Address	City	Artan		State	Zip Code			
	City	C			1			
2 Gulf Ln		Coram		NY	11727			
Principal Occupation		Name of Employ						
President			rsal Roofing					
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 cinia (	<u> </u>					
government the contract is with:			x <sub>No</sub>	]				
Is this contribution associated with  Yes  Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	11/	28/2016	\$375.00		\$375.00			
in yes, and break in	l							
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	1				
an event reported in Section 31?								
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			State	Zip Code			
534 Morris Park Ave	City	Bronx		NY	10460			
Principal Occupation		Name of Employ	ar .	141	10400			
Porter		UDR (						
			obbyist spays or	Amon	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Aiilou	int of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative		- "	x No					
government the contract is with:	Б.	D i d		-				
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check		20/2016			+20.05			
If yes, list Event # Money Order Credit/Debit Card	11/	28/2016	\$20.00		\$20.00			

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A MONETA DV DE CENTRO (C. C. A. D.								
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 - Amendmer	nt				
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	<u>                                     </u>				
Owner		1 ,	onstruction					
			obbyist, spouse, or	A.m.o.	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Alliou	iit of Collification			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?  X Cash  Personal Check								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	11/	28/2016	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Musovic		Sam			0465			
Residential Street Address	City			State	Zip Code			
2233 Arthur Ave		Bronx		NY	10458			
Principal Occupation		Name of Employ	on.	INI	10430			
Owner		Birska						
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 cinia (						
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?								
U No   E	11/	28/2016	\$100.00		\$100.00			
If yes, list Event # 11132016A			·					
Last Name	First			MI	Contribution ID #			
Djonovic	1 1100	Frank			0456			
-	City	TTUIK		Ct-t-				
Residential Street Address	City	_		State	Zip Code			
2324 Boston Rd Apt 5B		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Property Manager		Krous	management					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash X Personal Check	11/	28/2016	\$375.00		\$375.00			
If yes, list Event #			·					
Last Name	First			MI	Contribution ID #			
	1 1150	Tauland		1411	0457			
Smakaj	o:	Tauland		g				
Residential Street Address	City	_		State	Zip Code			
2145 Matthews Ave		Bronx		NY	10467			
Principal Occupation		Name of Employ	er					
Painter		Gotha	am painting					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (	or a roodyrst?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
Ľ <sub>No</sub> │ ☐ ···· ☐ ····	11/	28/2016	\$100.00		\$100.00			
If yes, list Event # Money Order	I			ı				

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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 - Amendmen								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gjonaj		Paul			0462			
Residential Street Address	City			State	Zip Code			
1515 McDonald St	<u> </u>	Bronx		NY	10461			
Principal Occupation		Name of Employ						
Realtor  Is contributor a principal of a state contractor or prospective state contractor?		MPR I		Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac	7 timot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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/	29/2016	\$200.00		\$200.00			
L AV	F: /			L	Louis B"			
Last Name Shkreli	First	Elvane		MI	Contribution ID # 0492			
Residential Street Address	City	Elvalle		State	Zip Code			
500 Weavertown Rd	,	Lebanon		PA	17046			
Principal Occupation		Name of Employ	er	<u> </u>				
Leasing professional		Assoc	iates 500 LLC					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	11/	20/2016	#27F 00		±275.00			
If yes, list Event # Money Order 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			iates 500 LLC					
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		1	x <sub>No</sub>					
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check  Money Order Credit/Debit Card	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 Principal Occupation	<u> </u>	Bronx Name of Employ	or.	NY	10461			
President			Kitchen					
			-1.1	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 <sub>No</sub>					
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/	30/2016	\$200.00		\$200.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	I TYPE OF BERORE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Lumaj Explore January 10 Filing - Amendmen								
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		unem	ployed					
			obbyict 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					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Table 19 at 10 to	Date	Received	Aggregate Contributions	1				
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			44.4.4					
Last Name	First			MI	Contribution ID #			
Gjonaj	1 1100	Vinny			0309			
Residential Street Address	City	VIIIIIY		State	Zip Code			
	City	Vankana		NY	10701			
224 Bennett Ave		Yonkers		INT	10701			
Principal Occupation		Name of Employ						
Manager			Management					
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	ınt of Contribution			
If yes, indicate which branch or branches of		dependent enna (						
government the contract is with:								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	11/	30/2016	\$300.00		\$300.00			
,								
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?			obbyist, spouse, or	Amou	ant 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	12/	01/2016	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Pekic		Lilyanna			0472			
Residential Street Address	City			State	Zip Code			
2114 Hone Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	I				
Assistant			nblyman, Mark Gjonaj					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			000 20111104110110					
x No Cash x Personal Check	12/	01/2016	\$375.00		\$375.00			
If yes, list Event # Money Order Credit/Debit Card	12/	01/2010	\$3/3,00	1	φ <b>J/J.</b> 00			

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Lumaj Explore January 10 Filing - Amendmen								
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		Dervis	shi Law Group					
			obbyiet enouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Tat (9.6 1) 1 M	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	12/	01/2016	\$375.00		\$375.00			
If yes, list Event #		31, 2010	Ψ575.00					
Last Name	First			MI	Contribution ID #			
lleshgegaj	1 1150	Jola			0482			
Residential Street Address	City	Jula		State	Zip Code			
	City	Виому		NY	-			
735 Pelham Pkwy N	_	Bronx		INT	10467			
Principal Occupation		Name of Employ	er					
APM		MKG						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with:  Executive Legislative								
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	12/0	02/2016	\$100.00		\$100.00			
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					
Owner		Eagle	Home Remodeling					
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 <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
× No F cash	12/0	02/2016	\$375.00		\$375.00			
If yes, list Event #								
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	L	20,00			
Dental Resident		Stude						
			obbyiet enouse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	,	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12.	22/2016	4450.00		±150.00			
If yes, list Event # Money Order Credit/Debit Card	12/0	02/2016	\$150.00		\$150.00			

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I MONETA BY DECEMBER (C. P. A. D.								
L. 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 - Amendmen								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Fundo		Ilirjan			0476			
Residential Street Address	City	-		State	Zip Code			
179 Marcus Ave	,	New Hyde Pa	ark	NY	11040			
Principal Occupation		Name of Employ		ļ				
Consultant		1 ,	Group Inc					
			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	Alliou	iit of Collification			
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 31:								
If yes, list Event # Cash Credit/Debit Card	12/	02/2016	\$160.00		\$160.00			
in yes, list Event #								
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	on.	INI	10403			
Owner			Bano Pizza					
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 cinia (	<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?								
X No Cash Personal Check	12/	02/2016	\$100.00		\$100.00			
If yes, list Event #		,	,					
Last Name	First			MI	Contribution ID #			
Girouard	1 1150	Kirsten		1411	0471			
	o:	Kiisteii		a				
Residential Street Address	City			State	Zip Code			
6 Winding Brook Rd		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
Office Manager		Henri	Martin Real Estate					
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 <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Zash Personal Check	12/	02/2016	\$25.00		\$25.00			
If yes, list Event #			1					
Last Name	First			MI	Contribution ID #			
	FIISt	11 120		IVII				
Preljvukic		Haljil		_	0485			
Residential Street Address	City			State	Zip Code			
243 McQueen Pkwy	L	Mount Verno		NY	10550			
Principal Occupation		Name of Employ	er					
Owner		Kosov	va Commerce					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
Ľ <sub>No</sub> │ ☐ ···· ☐ ····	12/	02/2016	\$100.00		\$100.00			
If yes, list Event #	l ´		,	I	-			

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I MONETA DV DE CEIDTO (C. C. A. D.								
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 - Amendmer	nt				
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	<u>                                     </u>				
Paralegal		1 7	shi law Group					
			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	Alliou	int 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 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/	02/2016	\$375.00		\$375.00			
in yes, list Evene#								
Last Name	First			MI	Contribution ID #			
Lakaj		Genc			0487			
Residential Street Address	City			State	Zip Code			
109 Hilburn Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ	or		10303			
President								
			G Construction 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	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with  Yes  Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No T	12/	02/2016	\$200.00		\$200.00			
If yes, list Event #								
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	ar .	'''	10407			
			CI					
House Keeping		ABM	11.11					
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			x <sub>No</sub>					
government the contract is with:  Executive Legislative								
Is this contribution associated with  or expert separated 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/	03/2016	\$150.00		\$150.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Tinaj		Emauel			0468			
Residential Street Address	City			State	Zip Code			
2566 Radcliff Ave		Bronx		NY	10469			
Principal Occupation		Name of Employ	er	····	1			
Carpenter			ing Buddies Corp		nt of Contails of			
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		acpendent child (	·					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with  A second of contribution:  Yes  Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	12/	03/2016	\$100.00		\$100.00			
11 yes, her recent to the circular best Card								

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A MONETARY DESCRIPT	0 (0							
I. MONETARY RECEIPT	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  January 10 Filing - Amendment								
Lumaj Explore	ent							
B. Itemized Contributions from Individuals								
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	1	1			
CNA			e Nursing Home					
			obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	V		int of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:		D : 1		4				
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	12/	03/2016	\$100.00		\$100.00			
J.,								
Last Name	First			MI	Contribution ID #			
Gjolaj		Nush			0477			
Residential Street Address	City			State	Zip Code			
6545 Broadway		Bronx		NY	10471			
Principal Occupation		Name of Employ	er	•	•			
President		Three	Star Construction					
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  X  No.	)	dependent child of	Va					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Б.	D : 1		_				
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Anney Order Credit/Debit Card	12/	03/2016	\$200.00		\$200.00			
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	er	•	•			
Carpenter		Alex a	and F. Construction					
Is contributor a principal of a state contractor or prospective state contractor?		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	)	dependent child of		3				
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?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	12/	02/2016	¢150.00		¢150.00			
If yes, list Event # Money Order Credit/Debit Card	12/	03/2016	\$150.00		\$150.00			
-					1			
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	vue Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
		dependent child of	or a roodyrst?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
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	\$375.00		\$375.00			
If yes, list Event # Money Order Credit/Debit Card	I/	,	45,5100	1	,			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore	nt								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cacaj		Maria			0480				
Residential Street Address	City			State	Zip Code				
875 W End Ave		New York		NY	10025				
Principal Occupation		Name of Employ	er						
Floor manager  Is contributor a principal of a state contractor or prospective state contractor?		ABA Is contributor a l	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	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
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	12/0	03/2016	\$350.00		\$350.00				
	l								
Last Name	First	G: :		MI	Contribution ID #				
Frangaj Residential Street Address	City	Gjergj		State	0481 Zip Code				
917 Mace Ave	City	Bronx		NY	10469				
Principal Occupation		Name of Employ	er	141	1 10403				
President			eneral Construction						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	)	dependent child of	<u></u>						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
x No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	12/0	03/2016	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Miller	1 1150	Patrick			0494				
Residential Street Address	City			State	Zip Code				
24 Lakeview Dr		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er	=	•				
Trainer			of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of  Executive  Legislative		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						
X No Cash Personal Check	12/0	07/2016	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Miller		Brandon			0495				
Residential Street Address	City			State	Zip Code				
226 Andrews Rd		Wolcott		СТ	06716				
Principal Occupation  Resident Care		Name of Employ  Oak H							
			-11	Amor	unt of Contribution				
Yes X No	)	dependent child of	Vac	2111100					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
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  Money Order Credit/Debit Card	12/0	07/2016	\$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 REPOR		
Lumaj Explore			Juneary 101 ming 7 mond		
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	<u> </u>	Pelham		NY	10806
Principal Occupation  Managing Partner		Name of Employ Stara			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	if a lobbyist?		
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		
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card	12/	07/2016	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Kilduff		Joseph			0510
Residential Street Address	City			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 Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	· —	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	12/	08/2016	\$100.00		\$100.00
If yes, list Event #			•		
Last Name	First			MI	Contribution ID #
Reilly		Anne		S	0505
Residential Street Address	City			State	Zip Code
153 Shllmeadow Ln	<u> </u>	Kensington		СТ	06037
Principal Occupation		Name of Employ			
Homemaker  Is contributor a principal of a state contractor or prospective state contractor?			maker obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of		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 Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?    X   No	12/	08/2016	\$50.00		\$50.00
	L				T
Last Name	First	Nam. Ann		MI	Contribution ID #
Turner Residential Street Address	City	Nary Ann		State	0498 Zip Code
7 Meadow Rd	City	Enfield		CT	06082
Principal Occupation		Name of Employ	er	1 3.	1 00002
Owner			ts Unlimited		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?	Yes	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		,	<b>x</b> 1	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/	09/2016	\$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 - Amenda						
Lumaj Explore			June 10 1 ming 7 months	none					
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Redzepagic		Sulejman			0490				
Residential Street Address	City			State	Zip Code				
53 W 186th St	<u> </u>	New York		NY	10033				
Principal Occupation Superintendent		Name of Employeth	er Hurich Corp						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amo	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	if a lobbyist?						
government the contract is with:  Executive Legislative	Б.	D : 1		No					
Is this contribution associated with an event reported in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	12/	09/2016	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Policki Residential Street Address	Cit	Cynthia		State	0491 Zip Code				
40 Regency Ct	City	Bristol		CT	06010				
Principal Occupation		Name of Employe	er		00010				
Business Development			Fechnologies Corp						
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	5	dependent child of	if a lobbyist?						
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						
If yes, list Event # Cash	12/	11/2016	\$200.00		\$200.00				
in yes, list Event #					_				
Last Name	First			MI	Contribution ID #				
Treichel		Thomas		N	0488				
Residential Street Address	City	Duistal		State	Zip Code				
17 Regency Ct Principal Occupation		Name of Employe	or	СТ	06010				
Installer			/indow Shop						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution				
Yes 🔼 No	0	dependent child of	i u lobbyist:						
If yes, indicate which branch or branches of government the contract is with:			x 1	10					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?    X   No		/00.4.6							
If yes, list Event # No 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		Canterbury		СТ	06331				
Principal Occupation		Name of Employe	er						
Driver			s Hospital						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	/es Amo	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X 1	10					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	$\dashv$					
an event reported in Section J1?  Yes  X Cash Personal Check									
If yes list Event #	12/	12/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I ====================================						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT  January 10 Filing - Amendme	ent					
Lumaj Explore			Juneary 10 1 ming 7 michanic						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Betts		George		<u> </u>	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?	)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	received	riggregate Contributions						
If yes, list Event # Cash No Cash No No Money Order Credit/Debit Card	12/	12/2016	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Garabedian	11130	Michelle		D	0504				
Residential Street Address	City			State	Zip Code				
54 Horn Rd		Windham		СТ	06280				
Principal Occupation		Name of Employ	er	-	•				
Manager		TD Ba	nk						
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 government the contract is with:  Executive Legislative		dependent child of	at a lobbyist?						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?  Yes  X No  Cash  X Personal Check	12/	12/2016	\$25.00		\$25.00				
If yes, list Event #	12,	12,2010	Ψ23.00	<u></u>	<u> </u>				
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  Is contributor a principal of a state contractor or prospective state contractor?		Mante Is contributor a l		Amou	ant 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 government the contract is with:			x <sub>No</sub>						
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/	12/2016	\$100.00		\$100.00				
-					I				
Last Name	First	Dominio		MI	Contribution ID #				
Rapini Residential Street Address	City	Dominic		State	0499 Zip Code				
4 Mariners Way	City	Branford		CT	06405				
Principal Occupation		Name of Employe	er	1	00.00				
National Account Sales		Apple							
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes list Event # Cash X Personal Check    Money Order	12/	13/2016	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore	ent				
Lumaj Explore			January 10 Filing - Amendm		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Martin		Henry			0508
Residential Street Address	City			State	Zip Code
7 Ipswitch Rd Principal Occupation		Bristol		СТ	06010
Real Estate broker		Name of Employ Henri	martin real estate		
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	f a lobbyist?		
government the contract is with:  Is this contribution associated with  Method of contribution:	Doto	Received		_	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash X Personal Check    Money Order	12/	15/2016	\$100.00		\$100.00
					I a . i . i . m "
Last Name	First	Timenthy		MI	Contribution ID #
Galvin Residential Street Address	City	Timothy		State	0502 Zip Code
95 Richmond Glen Dr	City	Cheshire		CT	06410
Principal Occupation		Name of Employe	er	<u> </u>	1 00 110
Financial Advisor		Galvir	n Financial		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amoi	unt of Contribution
If yes, indicate which branch or branches of	)	dependent child o	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 No 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 Employe	er		
None		none			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist?  Ye	S	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No	,	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?  X No Cash X Personal Check	12/	15/2016	\$100.00		\$100.00
If yes, list Event # Money Order	12/	13/2010	\$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  Is contributor a principal of a state contractor or prospective state contractor?			Lars LLC obbyist, spouse, or	A	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child o	V.	s Alliot	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	1	
an event reported in Section J1?					
If yes list Event # Cash Personal Check    No	12/	16/2016	\$250.00		\$250.00

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore	ıt							
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bate		Jane		R	0509			
Residential Street Address	City			State	Zip Code			
454 Riverside Dr		Cheshire		СТ	06410-1813			
Principal Occupation		Name of Employ	er					
 Musician			Music Service					
			obbyjet enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	12/	16/2016	\$100.00		\$100.00			
If yes, list Event #		10, 2010	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Meccariello	1 1150	Gennaro		.,,,	0507			
Residential Street Address	City	Germaro		State	Zip Code			
	City	Cauthington			_			
33 Hazelwood Dr		Southington		СТ	06489			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		перениент сина с	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with  Yes  Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	12/	16/2016	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Lackey		Kathryn			0496			
Residential Street Address	City			State	Zip Code			
226 Andrews Rd		Wolcott		CT	06716			
Principal Occupation		Name of Employ	er					
Hair Stylist		Hairc	uttery, Ratner Co					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	)	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Zash Personal Check	12/:	16/2016	\$100.00		\$100.00			
If yes, list Event #		-			-			
Last Name	First			MI	Contribution ID #			
Houston		John		Е	0497			
Residential Street Address	City	301111		State	Zip Code			
193 Newbury St	City	Waterbury		CT	06705			
	_	,	ON.	Ci	00703			
Principal Occupation		Name of Employ						
Unemployed			ployed		nt of Containation			
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			x No					
government the contract is with:  Executive Legislative								
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?	1							
If yes, list Event # Cash Credit/Debit Card	12/	17/2016	\$25.00		\$25.00			

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I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TWDE OF DEDONA					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	<b>.</b>				
Lumaj Explore January 10 Filing - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Mustali		Sali			0513			
Residential Street Address	City			State	Zip Code			
1636 Wendle Way		Palm Harbor		FL	34685			
Principal Occupation		Name of Employ	er					
Owner		Sali M	lustali LLC					
			abbyist spaysa or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Voc					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duit	recerved	1 iggi egate contributions					
X No Cash Personal Check	12/	19/2016	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card	12/	19/2016	\$373.00		\$373.00			
	-							
Last Name	First			MI	Contribution ID #			
Cleary		Eileen			0500			
Residential Street Address	City			State	Zip Code			
108 Mad River Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Educator		Wolco	ott Health Systems					
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 Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash X Personal Check	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	200		State	Zip Code			
108 Mad River Rd	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	on.	Ci	00710			
Consulant  Is contributor a principal of a state contractor or prospective state contractor?			ohhvist spouse or	<b>1</b>				
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	dependent child of	V	Amou	nt of Contribution			
If yes, indicate which branch or branches of			X No					
government the contract is with:								
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	12/	20/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Carrier		Francine			0514			
Residential Street Address	City			State	Zip Code			
19 Winston Ct		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er	-				
Assistant Manager		Carrie	er Group					
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 <sub>No</sub>					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash Personal Check	12/	21/2016	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I/	.,	420000	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	nt							
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
<del>Carrier</del>		<del>Jack</del>			<del>0515</del>			
Residential Street Address	City			State	Zip Code			
19 Winston Ct		Bristol		CT	<del>06010</del>			
Principal Occupation		Name of Employ	er					
Developer			<del>:r Group</del>					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	)	dependent child of	Voc	Aillou	int of Contribution			
If yes, indicate which branch or branches of			·					
government the contract is with:								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?  Cash  Personal Check								
If yes, list Event # Cash Personal Check    Money Order   X   Credit/Debit Card	12/2	<del>21/2016</del>	<del>\$200.00</del>		<del>\$100.00-</del>			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Carrier		Jake			0515			
Residential Street Address	City			State	Zip Code			
19 Winston Ct	- ,	Bristol		СТ	06010			
	Ь	Name of Employ	24	<u> </u>	00010			
Principal Occupation								
Developer			er Group					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	ı			1				
X No Cash Personal Check	12/	21/2016	\$100.00		\$100.00			
	12/	21/2016	\$100.00	:	\$100.00			
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card		21/2016	\$100.00					
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card  Last Name	12/ First		\$100.00	MI	Contribution ID #			
If yes, list Event # Cash Personal Check  Money Order X Credit/Debit Card  Last Name  Ives	First	<b>21/2016</b> Robert	\$100.00	MI	Contribution ID # 0518			
Last Name  Ives  Residential Street Address		Robert	\$100.00	MI State	Contribution ID # 0518 Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct	First		\$100.00	MI	Contribution ID # 0518			
Last Name  Ives  Residential Street Address	First	Robert		MI State	Contribution ID # 0518 Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct	First	Robert  Plantsville  Name of Employ		MI State	Contribution ID # 0518 Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant	First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l	er ource Energy obbyist, spouse, or	MI State CT	Contribution ID # 0518 Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  Is contributor a principal of a state contractor or prospective state contractor?	First	Robert  Plantsville  Name of Employ  Evers	er ource Energy obbyist, spouse, or	MI State CT	Contribution ID # 0518 Zip Code 06479			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of	First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l	er ource Energy obbyist, spouse, or	MI State CT	Contribution ID # 0518 Zip Code 06479			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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  Method of contribution:	First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l	er ource Energy obbyist, spouse, or	MI State CT	Contribution ID # 0518 Zip Code 06479			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?    Cash   Personal Check     Activation   Perso	First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of	er  Durce Energy  Obbyist, spouse, or  If a lobbyist?  Yes  X  No	MI State CT	Contribution ID # 0518 Zip Code 06479			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?    Cash   Personal Check	First City Date	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of	er  ource Energy  obbyist, spouse, or  if a lobbyist?  X  No  Aggregate Contributions	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  ant of Contribution			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?    Cash   Personal Check     Cash   Meroson   Personal Check     X No   Menoy Order   X Credit/Debit Card     X   No   Menoy Order   X   Credit	First City Date	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of	er  Durce Energy  Obbyist, spouse, or  If a lobbyist?  Yes  X  No	MI State CT Amou	Contribution ID # 0518 Zip Code 06479			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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 #    Cash   Personal Check   Personal Chec	First City Date 12/2	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of	er  ource Energy  obbyist, spouse, or  if a lobbyist?  X  No  Aggregate Contributions	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution \$200.00			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name    Cash	First City Date	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of the contributor all dependent child of the contributo	er  ource Energy  obbyist, spouse, or  if a lobbyist?  X  No  Aggregate Contributions	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID #			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari	First City Date 12/2 First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of	er  ource Energy  obbyist, spouse, or  if a lobbyist?  X  No  Aggregate Contributions	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name    Cash	First City Date 12/2	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of the contributor all dependent child of the contributo	er  ource Energy  obbyist, spouse, or  if a lobbyist?  X  No  Aggregate Contributions	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID #			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari	First City Date 12/2 First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of the contributor all dependent child of the contributo	er  ource Energy  obbyist, spouse, or  if a lobbyist?  X  No  Aggregate Contributions	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari  Residential Street Address	First City Date 12/2 First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of  Received  22/2016  Adrian	er cource Energy cobbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$200.00	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516  Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari  Residential Street Address  444 79th St	First City Date 12/2 First	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ	er cource Energy cobbyist, spouse, or of a lobbyist?  X No Aggregate Contributions \$200.00	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516  Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari  Residential Street Address  444 79th St  Principal Occupation  Lawyer	First City  Date 12/2  First City	Robert  Plantsville  Name of Employ  Evers  Is contributor a I dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ  Law of  Is contributor a I	er ource Energy obbyist, spouse, or of a lobbyist?  Yes  X No  Aggregate Contributions  \$200.00  er  er  ffice of Adrian Spirollari obbyist, spouse, or	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516  Zip Code			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari  Residential Street Address  444 79th St  Principal Occupation  Lawyer  Is contributor a principal of a state contractor or prospective state contractor?  Yes  Method of contribution:  Cash Personal Check  Toredit/Debit Card  Personal Check  No  No  No  No  No  No  No  No  No  N	First City  Date 12/2  First City	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ  Law of	er cource Energy cobbyist, spouse, or f a lobbyist?  Yes  Aggregate Contributions  \$200.00  er  er  ffice of Adrian Spirollari cobbyist, spouse, or f a lobbyist?  Yes	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516 Zip Code 11209			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  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?  Last Name  Spirollari  Residential Street Address  444 79th St  Principal Occupation  Lawyer  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Method of contribution:  Cash Personal Check X Credit/Debit Card  Address  444 79th St  Principal Occupation  Lawyer  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Lawyer  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Lawyer  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Lavislative  Lagislative	First City  Date 12/2  First City	Robert  Plantsville  Name of Employ  Evers  Is contributor a I dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ  Law of  Is contributor a I	er ource Energy obbyist, spouse, or of a lobbyist?  Yes  X No  Aggregate Contributions  \$200.00  er  er  ffice of Adrian Spirollari obbyist, spouse, or	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516 Zip Code 11209			
Last Name  Ives  Residential Street Address  12 Turnberry Ct  Principal Occupation  Energy Consultant  Is contributor a principal of a state contractor or prospective state contractor?	First City  Date 12/2  First City	Robert  Plantsville  Name of Employ  Evers  Is contributor a I dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ  Law of  Is contributor a I	er cource Energy cobbyist, spouse, or f a lobbyist?  Yes  Aggregate Contributions  \$200.00  er  er  ffice of Adrian Spirollari cobbyist, spouse, or f a lobbyist?  Yes	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516 Zip Code 11209			
Last Name    Ives   Residential Street Address   12 Turnberry Ct	First City  Date 12/2  First City	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ  Law of  Is contributor a l dependent child of	er cource Energy obbyist, spouse, or if a lobbyist?   X No  Aggregate Contributions  \$200.00  er  er  ffice of Adrian Spirollari obbyist, spouse, or if a lobbyist?  X No	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516 Zip Code 11209			
Last Name    If yes, list Event #	First City  Date 12/2  First City  Date	Robert  Plantsville  Name of Employ  Evers  Is contributor a l dependent child of  Received  22/2016  Adrian  Brooklyn  Name of Employ  Law of  Is contributor a l dependent child of	er cource Energy obbyist, spouse, or if a lobbyist?   X No  Aggregate Contributions  \$200.00  er  er  ffice of Adrian Spirollari obbyist, spouse, or if a lobbyist?  X No	MI State CT Amou	Contribution ID # 0518 Zip Code 06479  Int of Contribution  \$200.00  Contribution ID # 0516 Zip Code 11209			

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I. MONETARY RECEIPT	'C (C	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>100</del>	20011 A-1)	TYPE OF REPORT		
Lumaj Explore	nt				
B. Itemized Contributions from	TJ				
		iividuais		1	T
Last Name	First			MI	Contribution ID #
Weber		Georgina			0517
Residential Street Address	City			State	Zip Code
40 Lupine St	<u> </u>	Wallingford		СТ	06492
Principal Occupation		Name of Employ	er		
Director of Clinical		Wilso	n Therapitics		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Galablasista	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	a loobyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with  Yes  Wethod 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	12/2	25/2016	\$375.00		\$375.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Soulier		Cory		נ	0533
Residential Street Address	City			State	Zip Code
30 Marion St		Bristol		ст	06010
Principal Occupation		Name of Employ	er		
Owner		Brad	ey Taffey		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?		
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:  Yes			88 -8		
	1				
M Cash Parconal Chark	12/	29/2016	<b>\$100.00</b>		£100 00
	12/	29/2016	\$100.00	:	\$100.00
If yes, list Event # 12292016A No X Cash Personal Check  Money Order Credit/Debit Card		29/2016	\$100.00		
If yes, list Event # 12292016A No XX Cash Personal Check Money Order Credit/Debit Card  Last Name	12/ First		\$100.00	MI	Contribution ID #
If yes, list Event # 12292016A No X Cash Personal Check  Last Name  Lorenc	First	<b>729/2016</b> Hisa	\$100.00	MI	Contribution ID #
If yes, list Event # 12292016A No Noney Order Personal Check  Last Name  Lorenc  Residential Street Address		Hisa	\$100.00	MI State	Contribution ID # 0519 Zip Code
If yes, list Event # 12292016A No Noney Order Personal Check  Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave	First	Hisa Ocean		MI	Contribution ID #
Last Name Lorenc Residential Street Address 1134 Interlaken Ave Principal Occupation	First	Hisa Ocean Name of Employ	ет	MI State	Contribution ID # 0519 Zip Code
Last Name Lorenc Residential Street Address 1134 Interlaken Ave  Principal Occupation Manager	First	Hisa Ocean Name of Employ Mana	er g <b>er</b>	MI State NJ	Contribution ID # 0519 Zip Code 07712
Last Name Lorenc Residential Street Address 1134 Interlaken Ave Principal Occupation	First	Ocean Name of Employ Mana Is contributor a l	er ger obbyist, spouse, or	MI State NJ	Contribution ID # 0519 Zip Code
Last Name Lorenc Residential Street Address 1134 Interlaken Ave  Principal Occupation Manager  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 12292016A Personal Check Credit/Debit Card  No Personal Check Credit/Debit Card  Verdit/Debit Card  No Personal Check Credit/Debit Card	First	Hisa Ocean Name of Employ Mana	er ger obbyist, spouse, or	MI State NJ	Contribution ID # 0519 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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:	First	Ocean  Name of Employ  Mana  Is contributor a l dependent child of	er ger obbyist, spouse, or f a lobbyist?  X No	MI State NJ	Contribution ID # 0519 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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  X Vos Method of contribution:	First	Ocean Name of Employ Mana Is contributor a l	er ger obbyist, spouse, or	MI State NJ	Contribution ID # 0519 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?	First City Date	Ocean  Name of Employ  Mana- Is contributor a I dependent child of	er  ger  obbyist, spouse, or  f a lobbyist?  X  No  Aggregate Contributions	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?	First City Date	Ocean  Name of Employ  Mana  Is contributor a l dependent child of	er ger obbyist, spouse, or f a lobbyist?  X No	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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 # 12292016A    No	First City  Date 12/2	Ocean  Name of Employ  Mana- Is contributor a I dependent child of	er  ger  obbyist, spouse, or  f a lobbyist?  X  No  Aggregate Contributions	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution \$100.00
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?  No  No    X   Cash   Personal Check     Noney Order   Credit/Debit Card     Noney Order   Credit/Debit Card     Noney Order   Credit/Debit Card     Noney Order   Personal Check     Noney Order   P	First City Date	Ocean  Name of Employ  Mana- Is contributor a I dependent child of	er  ger  obbyist, spouse, or  f a lobbyist?  X  No  Aggregate Contributions	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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 # 12292016A    No	First City  Date 12/2	Ocean  Name of Employ  Mana- Is contributor a I dependent child of	er  ger  obbyist, spouse, or  f a lobbyist?  X  No  Aggregate Contributions	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution \$100.00
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Last Name    X   Cash   Personal Check   Credit/Debit Card	First City  Date 12/2	Ocean  Name of Employ  Mana  Is contributor a l dependent child of  Received	er  ger  obbyist, spouse, or  f a lobbyist?  X  No  Aggregate Contributions	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution \$100.00
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj	First City Date 12/2	Ocean  Name of Employ  Mana  Is contributor a l dependent child of  Received	er  ger  obbyist, spouse, or  f a lobbyist?  X  No  Aggregate Contributions	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj  Residential Street Address	First City Date 12/2	Ocean  Name of Employ  Mana  Is contributor a l dependent child of  Received  29/2016  Alfouse	er ger obbyist, spouse, or f a lobbyist?  X No Aggregate Contributions \$100.00	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave	First City Date 12/2	Name of Employ  Mana Is contributor a I dependent child of  Received  29/2016  Alfouse  Ocean  Name of Employ	er ger obbyist, spouse, or f a lobbyist?  X No Aggregate Contributions \$100.00	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Unemployed	First City  Date 12/2  First City	Name of Employ Mana Is contributor a I dependent child of Received 29/2016  Alfouse  Ocean Name of Employ Unem Is contributor a I	er ger obbyist, spouse, or f a lobbyist?  X No Aggregate Contributions \$100.00  er ployed obbyist, spouse, or	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  Is contributor a principal of a state contractor or prospective state contractor?  Is this contribution associated with an event reported in Section J1?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  Is contribution associated with an event reported in Section J1?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Unemployed  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Yes  Address  1134 Interlaken Ave  Principal Occupation  Unemployed  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  No  No  No  No  No  No  No  No  N	First City  Date 12/2  First City	Name of Employ  Mana Is contributor a l dependent child of  Received  29/2016  Alfouse  Ocean  Name of Employ  Unerri	er ger obbyist, spouse, or f a lobbyist?  X No Aggregate Contributions  \$100.00  er ployed obbyist, spouse, or f a lobbyist?  Yes	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Unemployed	First City  Date 12/2  First City	Name of Employ Mana Is contributor a I dependent child of Received 29/2016  Alfouse  Ocean Name of Employ Unem Is contributor a I	er ger obbyist, spouse, or f a lobbyist?  X No Aggregate Contributions \$100.00  er ployed obbyist, spouse, or	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Money Order  Personal Check  If yes, indicate which branch or branches of government the contract is with:    X	First City  Date 12/2  First City	Name of Employ Mana Is contributor a I dependent child of Received 29/2016  Alfouse  Ocean Name of Employ Unem Is contributor a I	er ger obbyist, spouse, or f a lobbyist?  X No Aggregate Contributions  \$100.00  er ployed obbyist, spouse, or f a lobbyist?  Yes	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code 07712
Last Name Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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?  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Money Order  Personal Check    Yes   X   N	First City  Date 12/2  First City	Hisa  Ocean  Name of Employ Mana: Is contributor a l dependent child of  Received  29/2016  Alfouse  Ocean  Name of Employ Unem  Is contributor a l dependent child of	er ger obbyist, spouse, or of a lobbyist?  X No  Aggregate Contributions  \$100.00  er ployed obbyist, spouse, or of a lobbyist?  Yes X No	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code 07712
Last Name  Lorenc  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Manager  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 Occupation  No  Method of contribution:  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  No  Method of contribution:  A Cash Personal Check Credit/Debit Card  Money Order  Personal Check Credit/Debit Card  Personal Check  No  Executive  Legislative  Personal Check Credit/Debit Card  Last Name  Duraj  Residential Street Address  1134 Interlaken Ave  Principal Occupation  Unemployed  Is contributor a principal of a state contractor or prospective state contractor?  Yes  No  Method of contribution:  Legislative  Legislative  Legislative  Legislative	First City Date 12/2 First City	Hisa  Ocean  Name of Employ Mana: Is contributor a l dependent child of  Received  29/2016  Alfouse  Ocean  Name of Employ Unem  Is contributor a l dependent child of	er ger obbyist, spouse, or of a lobbyist?  X No  Aggregate Contributions  \$100.00  er ployed obbyist, spouse, or of a lobbyist?  Yes X No	MI State NJ Amou	Contribution ID # 0519 Zip Code 07712  nt of Contribution  \$100.00  Contribution ID # 0520 Zip Code 07712

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TYPE OF REPORT   Constitution   TYPE OF REPORT   Contract   Constitution   Type   Type   Constitution   Type	L MONETARY RECEIPTS (Section A-I)									
Secretaria   Sec		`	,	TYPE OF REPORT						
Lace Name Duris]  Residential Shout Address  Cry Ocean  Name of Principles  Name of Pr	Lumaj Explore	January 10 Filing - Amendmen	nt							
During   D	B. Itemized Contributions from Individuals									
Source   1.134 Interface   1.24 Execution   1.24 Execut	Last Name	First			MI	Contribution ID #				
Principal Cooperiors   Manager   Name of Employee	Duraj		Stiliano			0521				
Principal Occupation   Manager   M		City				-				
Manager   Combinate a principal of a state contractor or prospective state contractor?   ye   No   No operation child of a substitute of prospective state contractor?   ye   No operation child of a biblyshir.   ye   No operation child of a biblyshir.   No operation child of a biblyshir.   No operation child of a biblyshir.   No   No operation child of a biblyshir.   No   No   No   No   No   No   No   N					NJ	07712				
Is contributed a percepted of a trate commenter or prospective states commented.  If you, include which branch to branches of contribution and contributed in the contributed of a lobby-jear.  If you, include which branch or branches of contributed in the contr										
Yes   No   dependent chief at a lobbyset   Yes   No   dependent chief at lobbyset   Yes   No   No				11.14	Amou	unt of Contribution				
Executive   Expellative   Expe	Yes X No	)		Voc	Amou	ant of Contribution				
Buth contribution succeased with a cover reported in Section 17   Yes   Section   Personal Check   Cash   Personal Check   Section   Personal Check   Section   Personal Check	Evacutiva Lagislativa			x <sub>No</sub>						
Personal Check   1279/2016   \$100.00   \$100.	Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
Last Name   Store Actives   Lagislative	an event reported in Section 31:									
Residential Street Address	│	12/	29/2016	\$100.00		\$100.00				
Residential Street Address  City  Ocean  Name of Employer  Application Engineer  Insurance of Employer  Application in Section 1/2  If yes, indicate which brunch or branches of government the contract is with  Last Name  Residential Street Address  City  Ocean  Name of Employer  Insurance of Employer  Amount of Contribution in Ocean in Section 1/2  Ves No  Date Received  Aggregate Contribution  State  Aggron  Amount of Countbution  If yes, indicate which brunch or brunches of  Sovernment the countrat is with  State  Amount of Countbution  If yes, indicate which brunch or brunches of  Sovernment the countrat is with  State  State  Aggron  Amount of Countbution  If yes, indicate which brunch or brunches of  Sovernment the countrate is with  State  Agg										
Residential Street Address		First			MI					
Principal Occapation    Application   Principal Occapation   Princip		City	нуѕа		Stata					
Principal Occupation   Name of Employee   Imagine Communitations   Securiture a principal of a state contractor or prospective state contractor?   Yes   No   Securiture a lobbysist, spouse, or dependent child of a lobbysis?   Yes   Amount of Contribution   Securiture and solid points and soli		City	Ocean			-				
Application Engineer   Imagine Communitations   Is contributor a principal of a state contractor or prospective state contractor?   Yes   No   If yes, indicate which branch or branches of government the contract is writh:   Security   Legislative   Legislative   Date Received   Aggregate Contributions   Amount of Contribution   State   Contribution   Security				er	145	07712				
Is contributor a principal of a state contractor or prospective state contractor?										
If yes, indicate which branch or branches of somewhat the contract is with:   If wes contribution associated with an event reported in Section 11?				obbyist, spouse, or	Amou	ant of Contribution				
Secretary   Date Received   Legislative		)	dependent child of	of a foodyist?						
an event reported in Section 11?  If yes, list Event # 12292016A	Evacutiva Lagislativa			x No						
Last Name   First   MI   Contribution ID #   Money Order     Personal Check   Credit/Debit Card   12/29/2016   \$100.00   \$100.00	IXI voc	Date	Received	Aggregate Contributions						
Last Name   Mecani   Money Order   Credit/Debit Card   Money Order   Credit/Debit Card   Mil   Contribution ID #   O523     Residential Street Address   City   Bronx   Ny   10458     Principal Occupation   Retired   Retired   Retired   Retired   Residential of a lobby ist?   Test of the contractor of prospective state contractor?   Yes   No   Amount of Contribution   Agree and the contract is with:   No   State   No   No   State   No   No   No   No   No   No   No   N	an event reported in Section 31:									
Residential Street Address 2350 Cambertling Ave  Principal Occupation Retired  Is contributor a principal of a state contractor or prospective state contractor?   Yes		12/	29/2016	\$100.00		\$100.00				
Residential Street Address 2350 Cambertling Ave  Bronx  Nam of Employer Retired  Is contributor a principal of a state contractor or prospective state contractor?    Yes   No   Secretary   No   Secretary   No	Lost Nome	Einat			М	Contribution ID#				
Residential Street Address 2350 Cambertling Ave    State   Zip Code   NY   10458		riist	Agron		IVII					
Principal Occupation Retired  Is contributor a principal of a state contractor or prospective state contractor?    Yes   No		City	7.9.0		State					
Retired  Is contributor a principal of a state contractor or prospective state contractor?	2350 Cambertling Ave		Bronx		NY	I -				
Is contributor a principal of a state contractor or prospective state contractor?	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?  Legislative  Legislative  Legislative  Legislative  Date Received  Aggregate Contributions  Aggregate Contributions  \$\text{\$\text{MII}\$}\$ Contribution ID #  Contribution ID #  Residential Street Address  Personal Check  19 Brookdale St  Principal Occupation  Unemplyed  Legislative  Legislative  Date Received  Aggregate Contributions  ### Augregate Contribution ID #  ### Contribution ID #  ### Contribution ID #  ### No    City	Retired		Retire	ed						
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 # 12292016A	Is contributor a principal of a state contractor or prospective state contractor?	)			Amou	ınt of Contribution				
Section of the contract with:   Is this contribution associated with an event reported in Section J1?	If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
an event reported in Section J1?  If yes, list Event # 12292016A	government the contract is with.									
Last Name   Personal Check   Credit/Debit Card   12/29/2016   \$100.00   \$100.00	IXI voc	Date	Received	Aggregate Contributions						
If yes, list Event # 12292016A	Barcanal Cheek	12/	20/2016	¢100.00		¢100 00				
Residential Street Address City State Zip Code Tip Brookdale St Unemplyed Unemplyed Unemployed  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?  Ray Unemployer Unemployer Unemployer Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Amount of Contribution  Aggregate Contributions  \$\frac{x}{x} \text{ No}\$  \$\frac{x}{x} \text{ No}\$  \$\frac{x}{x} \text{ Cash}\$ \$\frac{x}{x} \text{ Personal Check}\$ \$\frac{x}{x} \text{ 12/29/2016}\$ \$\frac{x}{x} \text{ Sol. 00}\$ \$\frac{x}{x} \t	If yes, list Event # 12292016A	12/	29/2010	\$100.00						
Residential Street Address  19 Brookdale St  Volcott  Volcott  Volcott  Volcott  Volcott  Volcott  Principal Occupation  Unemplyed  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?  No  City  Wolcott  Name of Employer  Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Amount of Contribution  Legislative  X No  Date Received  Aggregate Contributions  \$50.00	Last Name	First			MI	Contribution ID #				
19 Brookdale St  Wolcott  Trincipal Occupation Unemplyed  Unemplyed  Unemployed  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?  Wolcott  Name of Employer Unemployed  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No  Date Received  Aggregate Contributions  \$\frac{1}{2}\$ Amount of Contribution  Amount of Contribution  \$\frac{1}{2}\$ Amount of Contributi	Bevis		Ray		W	0524				
Principal Occupation Unemplyed Unemplyed Unemployed  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with an event reported in Section J1?  No  No  No  No  No  No  No  No  No  N	Residential Street Address	City			State	Zip Code				
Unemployed  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?  Wes indicate which branch or branches of with the contract is with:  Executive Legislative Is No Date Received Aggregate Contributions  Personal Check 12/29/2016 \$50.00 \$50.00	19 Brookdale St		Wolcott		СТ	06716				
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	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										
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   Cash   Personal Check   12/29/2016   \$50.00   \$50.00	Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)		Vac	Amou	ant of Contribution				
Is this contribution associated with an event reported in Section J1?    X Yes	Evacutiva Lagislativa			-						
an event reported in Section J1?  Yes  X Yes  X Cash  Personal Check  12/29/2016  \$50.00  \$50.00	government the contract is with:	Date	Received							
□ No □ □ □ □ □ □ 12/29/2016 □ \$50.00 □ \$50.00	an event reported in Section J1?	Date	11001100							
	If yes, list Event # 12292016A No SX Cash Personal Check Money Order Credit/Debit Card	12/	29/2016	\$50.00		\$50.00				

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I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	S (S	ection A-I)	TYPE OF REPORT		
Lumaj Explore	nt				
	-				
B. Itemized Contributions from	_			1	T
Last Name Simonelli	First	Anthony		MI F	Contribution ID # 0525
Residential Street Address	City			State	Zip Code
6 Hamfield Dr		Shelton		СТ	06484
Principal Occupation	-	Name of Employ	er	•	•
Retired  Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amor	unt of Contribution
Yes X No	0	dependent child of	of a lobbyist?	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 12292016A   X Cash   Personal Check   Money Order   Credit/Debit Card	12/	29/2016	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Agaj	11130	Ghoslanlin		1411	0526
Residential Street Address	City			State	Zip Code
2823 Sedgwich Ave		Bronx		NY	10408
Principal Occupation		Name of Employ	er		•
Owner			Construction Corp		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>		
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 # 12292016A No X Cash Personal Check  Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pemaj		Vincent			0527
Residential Street Address	City			State	Zip Code
7 Jefferson Pl		Mount Verno		NY	10550
Principal Occupation		Name of Employ			
Unemployed			ployed	A	
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Amot	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  an event concreted in Section 112  X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71?					
If yes, list Event # 12292016A No Money Order Personal Check	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rakaj		Leonora			0528
Residential Street Address	City			State	Zip Code
7 Jefferson Pl		Mount Verno	n	NY	10550
Principal Occupation		Name of Employ			
baby sitter  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	Aillot	07 Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 12292016A No Sash Creck And Sash Personal Check Personal Check And Sash Sash Sash Sash Sash Sash Sash Sash	12/	29/2016	\$100.00		\$100.00

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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)	nt .				
Lumaj Explore January 10 Filing - Amendment					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dulo		Arben			0529
Residential Street Address	City			State	Zip Code
21 Courston Ave	<u> </u>	Waterbury Name of Employ	ON .	СТ	06708
Principal Occupation Producer			ers Insurance		
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:	D-4-	Received			
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 12292016A No	12/2	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Grege	1 1130	Nxhiho		1411	0530
Residential Street Address	City			State	Zip Code
303 Summit St		New Haven		СТ	06513
Principal Occupation		Name of Employ	er		
Retired		Retire	ed	_	
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:  Executive Legislative		dependent enna c	x No		
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions		
No No Personal Check	12/2	29/2016	\$100.00		\$100.00
If yes, list Event# 12292016A			•		
Last Name	First			MI	Contribution ID #
Troge		Pulo			0531
Residential Street Address	City			State	Zip Code
303 Summit St	<u> </u>	New Haven		СТ	06513
Principal Occupation  Retired		Name of Employ Retire			
				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	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 12292016A No Money Order Personal Check	12/2	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gauthier		Norman			0532
Residential Street Address	City			State	Zip Code
16 Julian Dr	L	Preston		СТ	06365
Principal Occupation		Name of Employ			
Retired		Retire	obbriet enouge or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1?    X Yes   Method of contribution:   X Yes   X Cash   Personal Check					
If yes, list Event # 12292016A No	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)	<del>5 (5)</del>	ction A-i)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
B. Itemized Contributions from Individuals								
	First	ii viuuii s		MI	Contribution ID #			
Last Name	FIISt	Comi			0533			
Soulier  Desiderated Court Address	City	Cory		J				
Residential Street Address	City	Duighal		State	Zip Code <del>06010</del>			
30 Marion St		Bristol		<del>CT</del>	00010			
Principal Occupation		Name of Employ						
Owner								
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	)	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?								
No Sash Personal Check	12/	<del>29/2016</del>	<del>\$200.00-</del>		<del>\$100.00</del>			
If yes, list Event # 12292016A			Ψ200.00		<del></del>			
Last Name	First			MI	Contribution ID #			
Dudzinski		Mark		F	0534			
Residential Street Address	City	Hark		State	Zip Code			
158 Marlborough St	City	Nowington		CT	02111			
Principal Occupation		Newington  Name of Employ	or .	Ci	02111			
Quality Manager			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	Alliou	int of Contribution			
If yes, indicate which branch or branches of		1						
government the contract is with:  Executive Legislative		<b>.</b>						
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
X Cosh Parsonal Check								
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00			
-					Γ			
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		Name of Employ	er					
Machine Operator		Radio	Frequency Systems					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (	•					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
x   c       p   16  1								
If yes, list Event # 12292016A Cash Personal Check    No	12/	29/2016	\$100.00		\$100.00			
Last Name	First	1=!=		MI	Contribution ID #			
Scappini	O.	Lugia		a	0536			
Residential Street Address	City			State	Zip Code			
9 Great Meadow Dr		North Haven		СТ	06473			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Doto	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	13/	20/2016	#100.00		¢100.00			
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)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmen	nt				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Scappini		Elvira		Α	0537			
Residential Street Address	City			State	Zip Code			
9 Great Meadow Dr		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Paralegal		Wiggi	n and Dana LLP					
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 <sub>No</sub>					
Is this contribution associated with  A yes  Yes	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 #			
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  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:								
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 12292016A	12/	29/2016	\$40.00		\$40.00			
T. AV	Б			\ r	G (3 ( B)			
Last Name	First	A		MI	Contribution ID #			
Hooker	City	Ann		M	0539			
Residential Street Address	City	Wolcott		State CT	Zip Code 06716			
7 Blansfield Ln Principal Occupation		Wolcott Name of Employ	OH .	CI	00/10			
Administrative Assistant			s Rehab Centers					
			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 <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 .8					
No X Cash Personal Check	12/	29/2016	\$20.00		\$20.00			
If yes, list Event # 12292016A		<i>'</i>			·			
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?	)		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 <sub>No</sub>					
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/	29/2016	\$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 - Amendmer	nt				
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Digiovanni		Jerry			0541			
Residential Street Address	City			State	Zip Code			
46 Fairlane Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Specialist  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	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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 # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00			
	l			1				
Last Name	First	A.U		MI	Contribution ID #			
Troqe Residential Street Address	City	Albert		State	0542 Zip Code			
4223 Gilbert Ave	City	Dallas		TX	75219-2958			
Principal Occupation		Name of Employ	er	1/	1 73213 2330			
Owner			ouch Construction					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/.	29/2016	\$350.00		\$350.00			
Last Name	First			MI	Contribution ID #			
Cummings	1 1150	Stephanie		E	0543			
Residential Street Address	City	<u> </u>		State	Zip Code			
66 Fleetwood Dr		Waterbury		СТ	06706-2445			
Principal Occupation		Name of Employ	er	-	•			
Atterney		Kolbir	nk 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	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with:  Is this contribution associated with  Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	12/2	29/2016	\$100.00		\$100.00			
If yes, list Event # 12292016A								
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 Owner		Name of Employ Gyle I						
			-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 <sub>No</sub>					
Is this contribution associated with  an expert spectral in Section 112  Yes  Method of contribution:	Date	Received	Aggregate Contributions	1				
all event reported in Section 31?								
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 RECEIPT	S (S	ection A-I)	TWIE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Lumaj Explore  January 10 Filing - Amendmer					
B. Itemized Contributions from				,	
Last Name  Gyle	First	Norma		MI	Contribution ID # 0545
Residential Street Address	City			State	Zip Code
6 Milltown Rd		New Fairfield		СТ	06812
Principal Occupation	•	Name of Employ	er		•
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with 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			Ψ100.00		<del></del>
Last Name	First			MI	Contribution ID #
Lacombe		Meghan			0546
Residential Street Address	City	B :		State	Zip Code
9 Seneca Rd Principal Occupation	<u> </u>	Bristol Name of Employ	or	СТ	06010
Office Manager		1	Tool Mfg		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 12292016A	12/	29/2016	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
Dudzinski		Harry			0547
Residential Street Address	City			State	Zip Code
35 Cronin St	<u> </u>	Bristol		СТ	60610-7814
Principal Occupation  Retired		Name of Employ Retire			
				Amou	unt 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 event reported in Section J1?  We Method of contribution:  Yes	Date	Received	Aggregate Contributions		
No Cash Personal Check	12/	20/2016	¢100.00		¢100.00
If yes, list Event # 12292016A  Money Order  Credit/Debit Card	12/.	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tasmin		Visar			0548
Residential Street Address	City			State	Zip Code
23 High Ridge Rd Principal Occupation	<u> </u>	Naugatuck Name of Employ	TOP .	СТ	06770
Accounts		Aetna			
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	31 a 1000yist?		
government the contract is with:    Executive	Б.	Did	X No		
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 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)	<del>5 (5)</del>	ction A-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
B. Itemized Contributions from Individuals								
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	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 <sub>No</sub>					
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 #			
Sampson		Robert		С	0550			
Residential Street Address	City			State	Zip Code			
276 Boundline Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Realtor		Realty	y 3 of Southington	_				
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 <sub>No</sub>					
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			
Last Name	First			MI	Contribution ID #			
Sampson		Margaret		А	0551			
Residential Street Address	City			State	Zip Code			
276 Boundline Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x <sub>No</sub>					
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					
Cash X Personal Check	12/	20/2016	¢3E 00		\$25.00			
If yes, list Event # 12292016A Money Order Credit/Debit Card	12/.	29/2016	\$25.00		\$23.00			
Last Name	First			MI	Contribution ID #			
Hughes	11130	Sean		M	0552			
Residential Street Address	City	Jean		State	Zip Code			
103 Hickory Ln	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	er		00710			
Contingent Work force Solutions			Jnlimited					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	)	dependent child of	Vac					
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			·					
No Cash X Personal Check	12/	29/2016	\$25.00		\$25.00			
If yes, list Event # 12292016A	l i			ı				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>U (</del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore January 10 Filing - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hughes		Melissa		М	0553			
Residential Street Address	City			State	Zip Code			
103 Hickory Ln		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Teacher		Regio	n 14					
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 <sub>No</sub>					
Is this contribution associated with  A second reported in Section 112  Yes  Yes	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			
Last Name	First			MI	Contribution ID #			
Rockwell		Barbara		K	0554			
Residential Street Address	City			State	Zip Code			
70 Bemis St		Terryville		СТ	06786			
Principal Occupation		Name of Employ						
Town Clerk			of Plymouth					
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		D : 1						
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check		20/2046	+400.00		+400.00			
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/.	29/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Barolli	First	Sali		IVII	0555			
Residential Street Address	City	- Juli		State	Zip Code			
2 Executive Hill Rd	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	er	<u> </u>	00710			
Realtor			dini Properties					
			obbyist, spouse, or	Amou	nt 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					
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 # 12292016A	12/	29/2016	\$100.00		\$100.00			
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						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			55 -5					
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00			
If yes, list Event # 12292016A	l í		·	I				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt				
B. Itemized Contributions from Individuals								
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?	,		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 <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	12/	20/2016	±150.00		+150.00			
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/.	29/2016	\$150.00		\$150.00			
Last Name	First			MI	Contribution ID #			
Vrekaj	First	Juliana		IVII	0558			
Residential Street Address	City	Julialia		State	Zip Code			
46 Sanford St	City	East Haven		CT	06512			
Principal Occupation		Name of Employ	er		00312			
Student		None						
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 <sub>No</sub>					
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			
in yes, list Event # 12292010A Mioney Order Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Troqe		Adolon			0559			
Residential Street Address	City			State	Zip Code			
46 Sanford St		East Haven		СТ	06512			
Principal Occupation		Name of Employ						
Sales			ess Express					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Bute	received	riggregate contributions					
No Cash X Personal Check	12/	29/2016	\$350.00		\$350.00			
If yes, list Event # 12292016A								
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		Town	of Plymouth					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (	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 Cash X Personal Check	127	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 - Amendmer	nt				
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pistone		Michele			0561			
Residential Street Address	City			State	Zip Code			
140 Mill St		East Haven		СТ	06512			
Principal Occupation		Name of Employ						
Engineer  Is contributor a principal of a state contractor or prospective state contractor?		Honey Is contributor a l	11.11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
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 # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$100.00		\$100.00			
L AV	F: .			L	Louis B"			
Last Name O'Brien	First	Christopher		MI J	Contribution ID # 0562			
Residential Street Address	City	Christophiei		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?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
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	12/	20/2016	#100.00		±100.00			
If yes, list Event # 12292016A Money Order Credit/Debit Card	12/.	29/2016	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Caggiano		Jeffrey			0563			
Residential Street Address	City			State	Zip Code			
27 Cricket Hill Rd		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
Sales			ive Bio Technologies					
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		1	x <sub>No</sub>					
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/	29/2016	\$100.00		\$100.00			
I you, list Divinit if IZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ								
Last Name	First			MI	Contribution ID #			
Backer	C'i	Michael		P	0564			
Residential Street Address  50 Burning Tree Dr	City	Couthington		State CT	Zip Code 06489			
Principal Occupation		Southington Name of Employ	er	Ci	00409			
President			k baker and sons					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	υ	dependent child of	or a robbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31?		20/2046	175.00		+75.00			
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$75.00		\$75.00			

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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 - Amendmer	nt	
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Baker		Mary			0565
Residential Street Address	City			State	Zip Code
50 Burning Tree Dr		Southington		СТ	06489
Principal Occupation		Name of Employ	er		
civil engineer		State			
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	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?    X Yes					
If yes, list Event # 12292016A	12/2	29/2016	\$75.00		\$75.00
	L				
Last Name	First	Diala and		MI	Contribution ID #
Dvarskas Residential Street Address	City	Richard		State	0566 Zip Code
2 Rogers Rd	City	Wolcott		CT	06716
Principal Occupation		Name of Employ	er	Ci	00710
Owner			rd Dvarskas DMD		
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 x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 12292016A No Cash Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Morales		Jerry			0567
Residential Street Address	City			State	Zip Code
6 Swantown Rd		Preston		СТ	06365
Principal Occupation		Name of Employ	er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		аеренает сппа с	x No		
government the contract is with:  Executive Legislative		D 1 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/	29/2010	\$100.00		ş100.00
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		State	of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		acpendent emila (	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		
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00
If yes list Event # 12292016A Money Order Credit/Debit Card	ı/ .		T	1	

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I. MONETARY RECEIPT	S (Se	ection A-I)	I was or benongari			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendment						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Demaida	O.	William			0569	
Residential Street Address	City	Mataubum		State	Zip Code 06705	
185 Pierpont Rd Principal Occupation		Waterbury Name of Employe	or	СТ	06703	
Owner			n Demaida Constable			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le	obbyist, spouse, or	Amor	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x N	io		
government the contract is with:	Date	Received	Aggregate Contributions	$\exists$		
Is this contribution associated with an event reported in Section J1?    X Yes						
If yes, list Event # 12292016A No Cash Personal Check    Money Order   Credit/Debit Card	12/2	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 Employe	er		•	
Director of community relations		Bench	ımark Senior Living			
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or	es	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x N	io l		
Is this contribution associated with  A yes  Method of contribution:  Yes	Date	Received	Aggregate Contributions	7		
No Cash X Personal Check	12/2	29/2016	\$30.00		\$30.00	
If yes, list Event # 12292016A						
Last Name	First			MI	Contribution ID #	
Macdonald		Kelly		L	0571	
Residential Street Address	City			State	Zip Code	
14 Mountain View Ter		Winsted		СТ	06098	
Principal Occupation  Teacher		Name of Employers				
				Amo	unt of Contribution	
Yes A No	)	dependent child o	of a lobbyist?	es		
If yes, indicate which branch or branches of government the contract is with:			x N	о		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	7		
an event reported in section 31:						
If yes, list Event # 12292016A Cash Cash Personal Check    Money Order   Credit/Debit Card	12/2	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			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  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	$\dashv$		
an event reported in Section J1?						
If yes, list Event # 12292016A Cash X Personal Check	12/2	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)  TYPE OF REPORT								
Lumaj Explore			January 10 Filing - Amendmen	it				
B. Itemized Contributions from	m Ind	lividuals						
Last Name Cetaj	First	Sokol		MI	Contribution ID # 0573			
Residential Street Address	City			State	Zip Code			
217 Hillside Pl		Eastchester		NY	10709			
Principal Occupation		Name of Employe						
Owner  Is contributor a principal of a state contractor or prospective state contractor?			Tiles Design  obbyist, spouse, or	Amor	ant of Contribution			
Yes X N	o	dependent child o	of a lobbyist?	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	12/	20/2016	¢275.00		¢27E 00			
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	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	<u> </u>	Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
Teacher  Is contributor a principal of a state contractor or prospective state contractor?		CREC	obbyist, spouse, or	Amou	ant of Contribution			
Yes X N	o	dependent child o	Vac	1 111100	an of controunon			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
Cash Recursive R								
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/2	29/2016	\$50.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Pirro		Brian		N	0575			
Residential Street Address	City			State	Zip Code			
36 Porter Rd Principal Occupation	ļ	Wolcott Name of Employe	or.	СТ	06716			
Owner		Pirro /						
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	0	dependent child of	•					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with an event reported in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	12/	29/2016	\$250.00		\$250.00			
If yes, list Event # 12292016A	12/2	29/2010	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Christie		Martin		Е	0576			
Residential Street Address	City			State	Zip Code			
106 Chestnut Hill Rd	ļ.,	Portland		СТ	06480			
Principal Occupation  Retired		Name of Employer Retire						
			11	Amou	unt of Contribution			
Yes X N	0	dependent child o	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with X You Method of contribution:	Date	Received	Aggregate Contributions					
TX Demonstrates		20/2016	450.00		+60.00			
No Cash Personal Check	12/2	29/2016	\$60.00	l	\$60.00			

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I. MONETARY RECEIPT	S (S	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>, , , , , , , , , , , , , , , , , , , </del>	cction /x-1)	TYPE OF REPORT		
Lumaj Explore	nt				
B. Itemized Contributions from	n Ind	lividuals			
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	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
If yes, indicate which branch or branches of	)	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with  A method of contribution:  Yes  Yes	Date	Received	Aggregate Contributions		
X Parsonal Chark					
If yes, list Event # 12292016A No Money Order Credit/Debit Card	12/	29/2016	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Cleary		Scott			0578
Residential Street Address	City			State	Zip Code
226 Andrews Rd		Wolcott		СТ	06716
Principal Occupation		Name of Employ			
Accountant			nal School District 5		
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 Personal Check					
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00
T. AV	г			\ r	G (3 ) B #
Last Name	First			MI	Contribution ID #
Discepolo	G:1	Janet		Т	0579
Residential Street Address	City	Walaatt		State CT	Zip Code 06716
17 Lancewood Ln		Wolcott	OF	CI	06/16
Principal Occupation  Teacher		Name of Employ	of Wolcott		
			obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child		Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
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	\$50.00		\$50.00
If yes, list Event # 12292016A			1		
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	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 foodyist?		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with  an event reported in Section 112  X Yes  Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 12292016A Cash Credit/Debit Card	12/	29/2016	\$50.00		\$50.00

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I. MONETARY RECEIPT	9 (9)	ection A_I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (5)</del>	ction A-1)	TYPE OF REPORT		
Lumaj Explore	January 10 Filing - Amendmen	nt			
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Martinaj		Ohrida			0581
Residential Street Address	City			State	Zip Code
355 Goodwin St		East Hartford	I	СТ	06108
Principal Occupation		Name of Employ	er		
Machine Operator		DST			
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
U No □ □ ································	12/	29/2016	\$100.00		\$100.00
If yes, list Event # 12292016A					
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 Employ	er		
QC Lab Techniciation		Ashcl	man 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	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 □ □ ································	12/	29/2016	\$50.00		\$50.00
If yes, list Event # 12292016A					
Last Name	First			MI	Contribution ID #
Garrett		Michael			0583
Residential Street Address	City			State	Zip Code
49 Weber Ave		Bridgeport		СТ	06610
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	a lobbyist:		
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 # 12292016A Cash Cash Personal Check    No	12/	29/2016	\$100.00		\$100.00
				l	
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			
Police Officer			f New Britain		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	received	Assiegate Contributions		
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00
If yes, list Event # 12292016A	12/	Z 3/ Z U I O	\$100.00		φ100.00

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I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>, , , , , , , , , , , , , , , , , , , </del>	cenon /x-1)	TYPE OF REPORT		
Lumaj Explore	nt				
B. Itemized Contributions from	n Ind	lividuals			
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	a lobbyist?		
government the contract is with:  Executive Legislative		p : 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 Money Order Credit/Debit Card	12/.	29/2010	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cleary	1 1150	Ann Marie			0586
Residential Street Address	City	7		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	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	)	dependent child of			
government the contract is with:  Executive Legislative			x <sub>No</sub>		
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
				L	la .a . m.
Last Name	First			MI	Contribution ID #
Cleary Residential Street Address	City	Dennis		H State	0587 Zip Code
57 Hemple Dr	City	Wolcott		CT	06716
Principal Occupation		Name of Employ	er	<u> </u>	00710
Associate Director		ESPN			
Is contributor a principal of a state contractor or prospective state contractor?			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 <sub>No</sub>		
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 Cash Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Wollenberg	City	Ronald		N	0588
Residential Street Address  48 N Riverside Ave	City	Torravillo		State CT	Zip Code 06786
Principal Occupation		Terryville  Name of Employ	er	Ci	00780
self		self	==		
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:			x <sub>No</sub>		
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 Credit/Debit Card	12/	29/2016	\$100.00		\$100.00

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I. MONETARY RECEIPT	9 (9)	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (5)</del>	ction A-i)	TYPE OF REPORT		
Lumaj Explore	January 10 Filing - Amendmen	nt			
B. Itemized Contributions from	n Ind	lividuals			
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?		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 <sub>No</sub>		
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
Last Name	First			MI	Contribution ID #
Cleary		Sean			0590
Residential Street Address	City			State	Zip Code
54 East St		Wolcott		СТ	06716
Principal Occupation		Name of Employ	er		
Research		State		-	
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 cinia c	<u></u>		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
X  possess Charles					
If yes, list Event # 12292016A Cash Cash Personal Check  No San Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
-					
Last Name	First			MI	Contribution ID #
Veley	O.	Scott		g	0591
Residential Street Address	City	B. 1:		State	Zip Code
1424 Orchard Rd		Berlin Name of Employ		СТ	06037
Principal Occupation N/A		Name of Employ	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 <sub>No</sub>		
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
If yes, list Event # 12292016A					
Last Name	First			MI	Contribution ID #
Calandra		Christopoher		J	0592
Residential Street Address	City			State	Zip Code
84 Doral Ln		Southington		CT	06489
Principal Occupation		Name of Employ	er		
Certified Financial Planner			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	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	Asgregate Continuations		
No Cash X Personal Check	12/	29/2016	\$100.00		\$100.00
If yes, list Event # 12292016A  Money Order  Credit/Debit Card	12/	-2/2010	φ100.00	1	¥100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Lumaj Explore  January 10 Filing - Amendment					
• •					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mcgee		Charles		+	0593
Residential Street Address	City	Concord		State	Zip Code 03301
11 Appleton St Principal Occupation	<u> </u>	Name of Employe	or	NH	03301
Vice President			rum Marketing		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or  Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x <sub>No</sub>	,	
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  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		Louis			0594
Residential Street Address	City			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?	0	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Ye	S Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		асренает сппа о	x No	,	
Is this contribution associated with  A yes  Method of contribution:  Yes	Date	Received	Aggregate Contributions	1	
No Cash Personal Check	12/	29/2016	\$100.00		\$100.00
If yes, list Event # 12292016A					
Last Name	First			MI	Contribution ID #
Dacunto		Heather			0595
Residential Street Address	City			State	Zip Code
163 Victoria Dr	<u> </u>	Cheshire		СТ	06410
Principal Occupation		Name of Employ	er cric Medical		
Sales  Is contributor a principal of a state contractor or prospective state contractor?				T Amou	unt of Contribution
Yes 🔼 No	0	dependent child of	of a lobbyist?	S	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 12292016A	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Samuelian	1 1130	Leon		1111	0596
Residential Street Address	City			State	Zip Code
29 Lantern Ln		Warwick		RI	02886
Principal Occupation	•	Name of Employe	er	-	
Senior Account Manager		Geriat	cic Medical and Surgical Sup	plies	
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?  Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 71:					
If yes list Event # 12292016A Credit/Debit Card	12/	29/2016	\$100.00		\$100.00

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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  January 10 Filing - Amendmen		
Lumaj Explore	nt				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Miranda		Maria			0597
Residential Street Address	City			State	Zip Code
18 Elm Ave	L.	Norwich		СТ	06360
Principal Occupation		Name of Employ	er		
Marketing			da Creative		
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  Yes  Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with    X   Yes   Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 12292016A No Cash Personal Check  Money Order X Credit/Debit Card	12/2	29/2016	\$150.00		\$150.00
Last Name	First			MI	Contribution ID #
France		Mike			0598
Residential Street Address	City			State	Zip Code
17 Garden Dr		Gales Ferry		СТ	06335
Principal Occupation	•	Name of Employ	er	•	
Engineering Manager		Proge	ny Systems Corporation		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a foodysst?		
government the contract is with:  Executive Legislative			x No		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 12292016A No Cash Money Order X Credit/Debit Card	12/2	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Corey		Matthew			0599
Residential Street Address	City			State	Zip Code
181 Center St		Manchester		СТ	06040
Principal Occupation		Name of Employ	er		
Owner			nons Irish Pub		
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		dependent enna e	x No		
government the contract is with:	Dete	Received	Aggregate Contributions	4	
an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
If yes, list Event # 12292016A	12/2	29/2016	\$100.00		\$100.00
	L				I
Last Name	First			MI	Contribution ID #
Taub	City	Russell		Ct-t-	0600
Residential Street Address  50 Adelphi Ave	City	Providence		State RI	Zip Code 02906
Principal Occupation	<u> </u>	Name of Employ	or	KI	02900
CEO			Feuer Associates		
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	of a lobbyist?		
government the contract is with:			x <sub>No</sub>	1	
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
		20/2016	405.00		+25.00
If yes list Event # 12292016A Credit/Debit Card	12/2	29/2016	\$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 REPOR  January 10 Filing - Amend		
Lumaj Explore			Juneary 10 1 ming 7 micro		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Shala		Gjergi			0601
Residential Street Address	City			State	Zip Code
136-35 82nd St	<u> </u>	Briarwood		NY	11435
Principal Occupation Superintendent		Name of Employe one ei	er ighteen Lincoln		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	ount of Contribution
If yes, indicate which branch or branches of		dependent child o	a todoyist?		
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		
If yes, list Event #   X   No   X   Cash   Personal Check   Money Order   Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
	l				1
Last Name	First	6.1.1		MI	Contribution ID #
Shabaj Residential Street Address	City	Sokal		State	0602 Zip Code
1514 Sedgwich Ave	City	Bronx		NY	10463
Principal Occupation		Name of Employe	er	INI	10405
Property Manager			Management		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amo	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative	0	dependent child o	if a lobbyist?	Yes No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1.00.10		
If yes, list Event #   X No   X Cash   Personal Check   Money Order   Credit/Debit Card	12/	29/2016	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Shabaj		Luljeli			0603
Residential Street Address	City			State	Zip Code
1514 Sedgwich Ave		Bronx		NY	10453
Principal Occupation		Name of Employe	er		
Cleaning			gle Corp		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or fa lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x	No	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	12/	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 Employe			
Handyman			nci LLC		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	Yes	ount 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?			55 6		
If yes list Event #   X Cash   Personal Check   No   Money Order   Credit/Debit Card	12/	29/2016	\$100.00		\$100.00

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A MONEMARY DE CENTRE	0 (0				
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT					
Lumaj Explore			January 10 Filing - Amendmer	nt	
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Selimaj		Musa			0605
Residential Street Address	City			State	Zip Code
3015 Roberts Ave		Bronx		NY	10461
Principal Occupation		Name of Employ	er		
Doorman		Brook	Harris Stiewine		
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?	)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
T41 (7.6 1) 14 - 14 1.6 (7.6	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash X Personal Check	12/	29/2016	\$300.00		\$300.00
If yes, list Event #			4		
Last Name	First			MI	Contribution ID #
Lisi	1 1150	Valentin			0606
Residential Street Address	City	valentin		State	Zip Code
	City	Diagontuilla		NY	10570
354 Lake St		Pleasentville		INT	10570
Principal Occupation		Name of Employ			
President			onstruction		
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 (			
government the contract is with:					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?  Cash  Personal Check					
If yes, list Event # Cash Credit/Debit Card	12/	29/2016	\$375.00		\$375.00
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 Employ	er	•	-
Bookkeeper		Town	of Wolcott		
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:			x No		
Is this contribution associated with  A yes  Method of contribution:  Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
No Cash Personal Check	12/	30/2016	\$50.00		\$50.00
If yes, list Event # 12292016A		•			•
Last Name	First			MI	Contribution ID #
Lumaj		Fred			0608
Residential Street Address	City	1100		State	Zip Code
420 W 42nd St # 5C	City	New York		NY	10036
Principal Occupation	Ь	Name of Employ	er	I 181	10030
Resident Manager			wenty west 42 street, LLC	A	int of Contribution
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:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	12/	30/2016	\$375.00		\$375.00

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I MONETARY DECEME	0 (0	4° A TO			
I. MONETARY RECEIPT	<b>5 (5</b> )	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<b>.</b>				
Lumaj Explore			January 10 Filing - Amendmer	ıı	
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Chemey		Brooke			0609
Residential Street Address	City			State	Zip Code
144 Mansfield Rd		Harwinton		СТ	06791
Principal Occupation		Name of Employ	er		
Instructor		A gre	at start shooting school		
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	Vac		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
No Cash X Personal Check	12/	30/2016	\$100.00		\$100.00
If yes, list Event # 12292016A			7		
Last Name	First			MI	Contribution ID #
Cheney	1 1100	Sean			0610
Residential Street Address	City	Jean		State	Zip Code
144 Mansfield Rd	City	Hamiliatan			06791
		Harwinton		СТ	06791
Principal Occupation		Name of Employ			
Information Tech		Pfizer			
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 ennu (			
government the contract is with:					
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/	30/2016	\$150.00		\$150.00
<u>122520101.</u>					
Last Name	First			MI	Contribution ID #
Najarian		Patricia			0611
Residential Street Address	City			State	Zip Code
43 Rocco Dr		Wolcott		СТ	06716
Principal Occupation		Name of Employ	er	•	-
Customer Service and Logistics Man		Take	2 Inc		
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	1	
an event reported in Section J1?					
X No Cash Personal Check	12/	30/2016	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Stankus		David			0612
Residential Street Address	City	241.4		State	Zip Code
101 S Colman Rd	City	Wolcott		CT	06716
Principal Occupation		Name of Employ	ar .	<u> </u>	00710
Facility Director			of Wolcott		
			abbriet anauga ar	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	Vac	Aiiiou	int of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		=	x <sub>No</sub>		
government the contract is with:	Б.	Di 4		ŀ	
Is this contribution associated with an event reported in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check		24/2016			+25.00
If yes, list Event # Money Order X Credit/Debit Card	12/	31/2016	\$25.00		\$25.00

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I, MONETARY RECI	EIPTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commiss	REPORT					
Lumaj Explore			January 10 Filin	g - Amendmen	it	
B. Itemized Contribution	s from In	dividuals				
Last Name	First				MI	Contribution ID #
Davis		Daniel				0613
Residential Street Address	City				State	Zip Code
131 Cleveland St		New Britain			СТ	06053
Principal Occupation		Name of Employer				
Outreach Coordinator		State of				
Is contributor a principal of a state contractor or prospective state contractor?	x No	Is contributor a lob dependent child of a		Yes	Am	ount of Contribution
If yes, indicate which branch or branches of  Executive  Legislative				x <sub>No</sub>		
government the contract is with:  Is this contribution associated with  Method of contribution:	Dote	Received	Aggregate Contribut			
an event reported in Section J1?	Date	Received	Aggregate Contribut	ions		
X No Cash Personal Chec	ck 12/	31/2016	<b>\$</b>	50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit C	Card	31,2010	Ψ·	30.00		430.00
Last Name	First				MI	Contribution ID #
Dauphinais		Dale				0614
Residential Street Address	City				State	Zip Code
204 Wright Rd		Danielson				06239
Principal Occupation Name of Employer						•
Senior Manager		Raythed	on			
Is contributor a principal of a state contractor or prospective state contractor?	x <sub>No</sub>	Is contributor a lob		Yes	Am	ount of Contribution
If yes, indicate which branch or branches of		dependent child of a	i lobbyist?			
government the contract is with:  Executive Legislative		]		x No		
Is this contribution associated with an event reported in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contribut	ions		
Cash Personal Chec						
If yes, list Event # No Money Order X Credit/Debit C	Card 12/	31/2016	\$10	00.00		\$100.00
	-					
				Total of S	Section B	\$105,795.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section	ons A + B)	(Total on Line 14	, Column A of Su	mmary Page)		\$105,795.00
I. MONETARY REC	EIPTS (S	Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commissi	ion)			TYPI	E OF RE	PORT
					Filing - Ame	endment
Lumaj Explore				oundary 10 1	9 7	onamon.
C1. Contributions from Oth	er Comm	ittees				
Name of Committee		Name of Treasurer				
Tune of Committee		Traine of Treasurer				
Address						Amount of Contribution
		ribution associated wit ted in Section J1?	h an	Yes	No	Amount of Contribution
	event repor					
	<u>                                     </u>	If yes, list Event #	<u> </u>	1:		
City State Zip Code	Date 1	Received	Aggregate Contri	butions		
			T	otal of Sect	ion C1	

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Total of Section D

									1 age 143 of 102
	I. MONETA	ARY RECI	EIPTS (S	ection A	<b>A-I</b> )				
NAME OF COMMITTEE							TY	PE OF REPORT	
Lumaj Explore							January 10	Filing - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees									
Name of Committee					Name o	f Treasurer			
Address							Date Received		Amount of Receipt
		1	1		1				-
City		State	Zip Code		Paymen				
							shared expense from exploratory	committee	
Expenditure #	Description								
							Tota	al of Section C2	
									<u> </u>
	I. MON	NETARY I	RECEIPT	ΓS (Sec	tion A	-I)			
NAME OF COMMITTEE							TYPE (	OF REPORT	
Lumaj Explore January 10				January 10 F	iling - Amendment				
	D. Loa	ans Received	d this Peri	iod					
Name of Lender				Source of	f Loan:				Date of Receipt
				Banl	k	Candidate	Individual	Other	-
Street Address			City				State	Zip Code	Is there a cosigner or Guarantor of this loan?
									Yes No
Name of Cosigner/Guarantor (if applicable	le)								Amount Received
Street Address									
Street Address			City				State	Zip Code	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						TYPE OF REPORT		
Lumaj Explore						January 10 Filing - Amendment		
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)								
Date of Receipt	Method of Payment Cash					Amount		
Total of Sect								
I. Monetary Receipts (Section A-I)								
NAME OF COMMITTEE						TYPE OF REPORT		
Lumaj Explore					Ja	January 10 Filing - Amendment		
G. Interest from Deposits in Authorized Accounts								
Name of Institution Date					ate Received		Amount	
Street Address		City		State		Zip Code	1	
Total of Section G								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						TYPE OF REPORT		
Lumaj Explore					Jar	January 10 Filing - Amendment		
H. Public Grant Funds Received from the Citizens' Election Fund								
Purpose of Grant:		Grant Cycle:				Date Received	Amount	
Initial Supplemental	Grant Adjustment /Post Election Deficit	Primary	General Election	Special Elec	tion			
Total of Section H								

I. Miscellaneous Monetary Receipts not Considered Contributions								
mount Received								
mo								

II. EVENT ACTIVITY (Sections J1 - J4)									
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Con	nmission)			ТҮРЕ (	OF REPO	ORT		
Lumaj Explore					January 10 Filing	- Amendm	nent		
	J1. Event Infor	mation							
Event # Date of Event	Description Reception Event					Was this	a fundraisi	ng event?	
Location: Street Address 3371 Eastchester Rd				City Bronx			State NY	Zip Code 10469	
Was this event hosted at a personal residence?  Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Asswith a House Party and complete required information for any puchases made host(s) for food, beverage and invitations.									
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?  Yes If yes, to to Section J3 In-Kind Donations not Consider to complete required information.					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 Rece	eipts here.)				\$0.00	
Event # Date of Event	Description Home Fundraiser					Was this	a fundraisi Yes	ng 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 I with a House Party and host(s) for food, beverag	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 If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
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 Rece	eipts here.)				\$0.00	
				To	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	TYPE OF REPORT			
Lumaj Explore				January 10 Filing - Amend	ment				
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 Donation	
Business Entity  Sole Proprietorship	Date Received	Event #		Aggregate val	ue for this event				
				l					
					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 REPO	ORT	
Lumaj Explore				January 10 Fi	ling - Am	endment	
J4. In-Kir	nd Donations Not Considered Contributions Asso	ciated with a H	louse Party	Ÿ			
Name of Host			Is this event s	supporting more t	han one c	andidate?	
Dennis Cleary			Yes	X No		omplete Ite	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	1		\$400.00
Name of Host Sean Cleary			Is this event s	x No		omplete Ite	emization in
Street Address		City	-				7: 0.1
108 Mad River Rd		Wolcott				State CT	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	1		\$400.00
			7	Total of Section	n J4		\$800.00

III. NONMONETARY RECEIPTS (Sections K - L)								
NAME OF COMMITTEE (Provide Complete Name as Registere	ed with C	Commissi	on)		TYPE OF REPORT			
Lumaj Explore					January 10 Filin	g - Amendm	nent	
K. In-Ki	ind Co	ntributi	ons		l			
Name								
Street Address City State Zip Cod					Zip Code			
Is this contribution associated with an event reported in Yes Section J1?	Ι	Description	of In-Kind Contribution				•	
			of a state contractor or prosp	ective state		Yes	1	arket Value of this
of a lobbyist?						Contribution		
Type of Contributor:	Type of Contributor:  Date Received Aggregate contributions							
Individual Committee Sole	Proprietors	ship						
					Total of S	ection K		
III. Non Mo	onetar	y Recei	pts (Sections K - ]	L)	1			
NAME OF COMMITTEE (Provide Complete Name as Registere	ed with (	Commiss	ion)		TYPI	E OF REPO	ORT	
Lumaj Explore					January 10 Fili	ng - Amendr	ment	
L. Refundable Deposi	t to Tel	ephone	Company					
Last Name of Individual		First Nan	ne		MI	Date De	posit Made	
Residential Street Address	Cit	ty		State	Zip Code			mount of Deposit
Name of Telephone company								
Street Address	City State Zip Code							
	Total of Section L							

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT			
Lumaj Explore				January 10 Filin	g - Amendmen	t		
	N. Expenses Paid By Comm	ittee						
Name of Payee United States Post Office	,		Date of Payr			eck # bit Card		
Street Address 123 Wolcott Rd		City Wolcott			State CT	Zip Code 06716		
Purpose of Expend OVHD	Description Post office Box rental					Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	\$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		
which reimbursement is sough	— I	nditure# plicable)	Event#			\$40.51		
Name of Payee Xhovana Kacaj		_	Date of Payr 10/18/20		1 —	eck # <u>101</u> bit Card		
Street Address 1725 Williamsbridge Rd		City Bronx			State NY	Zip Code 10461		
Purpose of Expend REF	Description Contribution Refund					Amount		
which reimbursement is soug		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	ıg - Amendment			
N. Expenses Paid By Committee								
Name of Payee  Drande Kacaj			Date of Pays		De De	rment 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 coordinate which reimbursement is sous If yes, assign an Expenditure	\$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		diture # licable)	Event #	ŧ		\$800.00		
Name of Payee  Brock Weber			Date of Pays		D D	rment neck # <u>104</u> 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 # licable)	Event #	ŧ		\$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 - Amendmer	nt		
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		
which reimbursement is sough		nditure # plicable)	Event #	:		\$39.88		
Name of Payee  Explorator Media LLC  Date of Payment  10/27/2016					Method of Payment  Check #  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		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 soug		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 - Amendmer	nt			
	N. Expenses Paid By Committee								
Name of Payee Brock Weber			Date of Pays		1 =	neck # 106 ebit 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 which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event # (if applicable)						\$2,000.00			
Name of Payee Date of Payment  Scott Cleary 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	— I …i	diture # slicable)	Event #	ŧ		\$1,700.00			
Name of Payee  The East WoodManor			Date of Pays		1 —	neck# <u>108</u> ebit 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		diture # licable)	Event #	ŧ		\$5,000.00			

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	ng - Amendment			
	N. Expenses Paid By Comm	ittee						
Name of Payee The East WoodManor			Date of Payr		De De	rment neck # <u>109</u> ebit Card		
Street Address 3371 Eastchester Rd	d City Bronx				State NY	Zip Code 12345-1046		
Purpose of Expend FNDR *	Description Additional Fundraiser Costs					Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure	\$1,290.00							
Name of Payee Date of Payment  TD Bank 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 sough If yes, 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 - Amendmer	nt		
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	Signing incentive							
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$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		diture # dicable)	Event #			\$2,000.00		
Name of Payee  Anedot			Date of Payn		1 =	neck # ebit Card		
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884		
Purpose of Expend BNK	Description  November 2016 Credit card fees					Amount		
which reimbursement is soug		diture # /licable)	Event #			\$77.83		

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 - Amendmer	nt		
N. Expenses Paid By Committee								
Name of Payee  TD Bank			Date of Pays		1 =	neck # ebit Card		
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716		
Purpose of Expend BNK	Description November Account Fees					Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou	\$41.20							
Name of Payee  CT Country Rentals  Date of Payment  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		
which reimbursement is sough		diture # licable)	Event #	ŧ		\$800.00		
Name of Payee  Brock Weber			Date of Pays		1 —	neck# <u>114</u> ebit Card		
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052		
Purpose of Expend CNSLT	Description December Payment per contract					Amount		
which reimbursement is soug		diture # licable)	Event #	ŧ		\$2,000.00		

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT	
Lumaj Explore				January 10 Filin	g - Amendmen	t
	N. Expenses Paid By Comm	ittee				
Name of Payee  Constant Contact			Date of Payr 12/15/20		1 =	eck # bit Card
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451
Purpose of Expend A-OTH	Description Email Advertising					Amount
which reimbursement is sough	— I	diture# dicable)	Event #			\$40.00
Name of Payee  VistaPrint			Date of Payr 12/23/20		1 🚍	eck # bit Card
Street Address 95 Hayden Ave		City Lexington			State MA	Zip Code 02421
Purpose of Expend OFFICE	Description Christmas Cards					Amount
which reimbursement is sough	— I	diture # dicable)	Event #			\$388.68
Name of Payee  Anedot			Date of Payr		. =	eck # bit Card
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884
Purpose of Expend BNK	Description December credit card fees					Amount
which reimbursement is soug		diture # licable)	Event #			\$157.99

	IV	. EXPENDITUR	ES (Se	ctions N - S	5)					
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Commis	ssion)				ТҮРЕ С	F REPORT		
Lumaj Explore							January 10 Filin	g - Amendmei	nt	
	N.	Expenses Paid By	Commit	tee			•			
Name of Payee TD Bank						Date of Pa			ment heck # ebit Card	
Street Address 826 Wolcott Rd				City Wolcott				State CT	Zip Code 06716	
Purpose of Expend BNK	Description December Account Fees								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Expenditure # (if applicable)  Expenditure # (if applicable)						\$8.00				
							Total of	Section N	\$25,51	7.68
	IV.	EXPENDITURE	CS (Sec	tions N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Ro	egistered with Commis	sion)				TY	PE OF REPO	ORT	
							January 10 F	iling - Amendr	nent	
	O. Expe	nses Paid By Candi	date							
Name of Payee (Name of vendor	who candidate paid directly)					Date of Pa	ment	Is Reimburse	ment Claimed? Yes	No
		City			State	Zip	Code		Amount	
Street Address										
Street Address  Purpose of Expenditure (by code)	Description					Event #				

	IV. EXPENDITUE	RES (Section	ns N -	S)				
NAME OF COMMITTEE (F	Provide Complete Name as Registered wit	th Commission	)			TYPE OF F	REPORT	
Lumaj Explore					Ja	nuary 10 Filing - Am	endment	
	P. Expenses Incurred	on Committe	ee Cred	lit Card				
Name of Issuing Institution				Type of Credit Card: Visa Other	Master Ca	ırd Discove	er .	American Express
Name of Vendor				1			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? If yes, assign an Expenditure # ar	rith another candidate for nd complete Itemization in Addendum	Yes No		Expenditure # (if applicable)	Event #			
Total of Section P							. [	
	IV. EXPENDITU	URES (Sect	tions N	N - S)				
NAME OF COMMITTEE (	Provide Complete Name as Registered wi	th Commission	n)			TYPE O	F REPORT	
Lumaj Explore						January 10 Filing -	Amendment	
	Q. Expenses Incurred By Comm	nittee but No	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?		Yes No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # and co	ompletes Itemization in Addendum Q							
					Tota	l of Section Q		

		IV. EXPEND	OITURES	(Sections N -	S)						
NAME OF COMMITTEE	(Provide Complete N	ame as Registere	ed with Comm	nission)			,	ГҮРЕ OF RE	PORT		
Lumaj Explore						,	January <sup>1</sup>	10 Filing - Amen	dment		
	R. Itemizatio	on of Reimburs	sements and	l Secondary Pa	iyees						
Last Name of Worker/Consultant		First			MI	Date	of Payme	nt to Vendor	-	/Consul	imburse Committee Itant as reported in
											Card
Name of Vendor Paid by Committee	e Worker/Consultant									EFT	
Street Address of Vendor				City					Sta	nte	Zip Code
Purpose of Expenditure (by code)  Description											
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought?				Expenditure # (if applicable)		Event # Amoun			Amount		
If yes, assign an Expenditure # and of	completes Itemization in A	ldendum R									
							Total of	Section R			
		IV. EXPE	CNDITUR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE	(Provide Complete N	Jame as Register	ed with Com	mission)			,	ГҮРЕ OF RE	PORT		
Lumaj Explore						,	January <sup>*</sup>	10 Filing - Amen	dment		
	S.	Surplus Distril	oution of E	quipment and	Furniture						
Name of Recipient											
Street Address			City			State Zip Code					Original Purchase Amount of Item
Description of Item											
								T-4.1.60	4:		
								Total of So	ection 5		

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

Section Q. ADDENDUM							
NAME OF COMMITTEE		TYPE OF REPORT					
Q. Expenses Incurred by Committee but Not Paid During this Period - 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 - Addendum							
Expenditure #		Amount of Expenditure					