# **SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



# Electronic Filing

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# **COVER PAGE**

1.NAME OF COMMITTEE						2. TYP	PE OF COMMITTEE	
Dejesus 2015						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First <b>John</b>			MI <b>A</b>	Last Olmo			Suffix	
4. TREASURER ADDRESS								
Street Address 635 Granfield Ave		City Bridge	eport		State CT	- 1	Zip Code <b>06610</b>	
5. ELECTION DATE	6. OFFICE SOUGHT ( Ca	omplete oi	nly if Candidate	Committee)		7. DISTR	ICT NUMBER ( if applicable	
02/24/2015	State Senator					S023		
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)					
First Richard			MI	Last DeJesus			Suffix	
9. TYPE OF REPORT								
Itemized Statement accompanying	application for Publ	lic Grar	nt - Origina	ı				
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	01/10/2015	thru	L .	02/05/2015				
11 CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
Electronic Filing	John Olmo			0:	2/06/2015 8	8:02:09AM	1	
SIGNATURE	PRINT NAME OF THE	E SIGNE	∃R	DA	ATE CERTIFIED	)		
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED AN ONE YEAR, OR BOTH.	\$1,000, OR IN	<b>IPRISONME</b>	NT	

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT					
Dejesus 2015	Itemized Statement accompanying application	Itemized Statement accompanying application for Public Grant - Original					
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$12,040.00	\$12,040.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.04	\$0.04					
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)	\$12,040.04	\$12,040.04					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$12,040.04	\$12,040.04					
20. Expenses Paid by Committee (Section N)	\$7,363.88	\$7,363.88					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$4,676.16	\$4,676.16					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$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 (Section A-I)		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dejesus 2015		Itemized Statement accompar Grant - Original	lying application for Public
A. Total Contributions from Small Contributors-Received this Perio	od ONLY	For Nonpartic	cipating Candidates ONLY
B. Itemized Contributions from	n Individuals	•	
Last Name	First		MI Contribution ID #
SOTO-JIMENEZ	PABLO		0012
Residential Street Address	City		State Zip Code
638 Brook St .	Bridgeport		CT 06608
Principal Occupation	Name of Employe	er	
RETIRED	RETIR		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amount 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	1
rundraising event listed in Section 31?			
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/18/2015	\$10.00	\$10.00
Last Name	First		MI Contribution ID #
HERRERA	SANDRA		0013
Residential Street Address	City		State Zip Code
376 E Washington Ave Apt A34	Bridgeport		CT 06608
Principal Occupation	Name of Employe	er	00000
HOUSEWIFE	NONE		
		obbyist, spouse, or	Amount of Contribution
If yes, indicate which branch or branches of	dependent child o	<u> </u>	
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	
fundraising event listed in Section J1?			
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/18/2015	\$5.00	\$5.00
			la la a m
Last Name LOPEZ	First YVONNE		MI Contribution ID # 0014
Residential Street Address	City		State Zip Code
209 Grandview Ave	Bridgeport		CT 06606
Principal Occupation	Name of Employe	er	C1 00000
PAYROLL		KE AUTOMOTIVE	
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a le	obbyist, spouse, or	Amount of Contribution
If yes, indicate which branch or branches of	dependent child o	i a lobbyist?	
government the contract is with:	Data Bassi		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date Received	Aggregate Contributions	
X Cash Personal Check  If yes, list Event #	01/18/2015	\$5.00	\$5.00

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(	,	TYPE OF REPORT				
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original							
B. Itemized Contributions from	m Ind	lividuals	Oldin Oliginal				
Last Name	First			MI	Contribution ID #		
RIOS		MARIA			0015		
Residential Street Address	City			State	Zip Code		
217 Anthony St Bldg 18-Apt 104		Bridgeport		СТ	06605		
Principal Occupation  HOUSEWIFE		Name of Employ	er PLOYED				
			44 1 4	Amor	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	7 tinou	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 a Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event instead in Section 31:							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00		
	I						
Last Name	First			MI	Contribution ID #		
VELEZ Residential Street Address	City	YADIRA		State	0016 Zip Code		
684 Kossuth St .	City	Bridgeport		CT	06608		
Principal Occupation		Name of Employ	er	Ci	1 00000		
HOUSEWIFE			PLOYED				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amount 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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X Cash Personal Check	l						
If yes, list Event # Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
LUNA		CARMEN			0017		
Residential Street Address	City			State	Zip Code		
326 First Ave		West Haven		СТ	06516		
Principal Occupation	-	Name of Employ	er	•	•		
DRIVER		FIRST	STUDENT				
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 a Method of contribution:  Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	01/	18/2015	\$5.00		\$5.00		
If yes, list Event #				<u> </u>			
Last Name	First			MI	Contribution ID #		
VELEZ		MARITZA			0036		
Residential Street Address	City			State	Zip Code		
1525 Central Ave		Bridgeport		СТ	06610		
Principal Occupation  HOUSEWIFE		Name of Employ NONE					
			-11	Amor	unt of Contribution		
Yes X N	0	dependent child of	Vac	104			
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	1			
- IX							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	18/2015	\$5.00	1	\$5.00		

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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		ion for Dublic	
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
LEBRON CRUZ		GABRIEL			0095	
Residential Street Address	City			State	Zip Code	
1086 E Main St .	L	Bridgeport		СТ	06608	
Principal Occupation SUPERVISOR		Name of Employ	<sup>er</sup> NTINO LANDSCAPING			
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:	D-4-	D i d				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event #   X No   X Cash   Personal Check   Money Order   Credit/Debit Card	01/	18/2015	\$5.00		\$5.00	
	-			I		
Last Name	First	DUDY		MI	Contribution ID #	
GONZALEZ  Residential Street Address	City	RUDY		State	0094 Zip Code	
508 Harral Ave # 119	City	Bridgeport		CT	06604	
Principal Occupation		Name of Employe	er	Ci	00004	
HOME CARE CNA			NOX HOME CARE			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution	
If yes, indicate which branch or branches of	0	dependent child o	of a lobbyist? Yes  X No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event #   X   No   X   Cash   Personal Check   Money Order   Credit/Debit Card	01/	18/2015	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
MORALES		JANINA			0041	
Residential Street Address	City			State	Zip Code	
651 Barnum Ave # 1 FRONT		Bridgeport		СТ	06608	
Principal Occupation		Name of Employ	er			
CLERK			EVEMENT FIRST, BPT ACADE			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		•	x <sub>No</sub>			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tunidiasing event instead in Section 71?						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	19/2015	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
MILAN		GIOVANNI		G	0018	
Residential Street Address	City			State	Zip Code	
80 Houston Ave	<u> </u>	Bridgeport		СТ	06606	
Principal Occupation		Name of Employe				
CASHIER			RA BREAD			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	о	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>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
If yes, list Event #	01/	19/2015	\$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		
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
SANTOS		JESSICA		М	0019
Residential Street Address	City			State	Zip Code
275 Orchard St .	<u> </u>	Bridgeport		СТ	06608
Principal Occupation  BARISTA		Name of Employ PANE	er RA BREAD		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
Cash Personal Check	04.6	10/2015	+400.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	01/	19/2015	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
RODRIGUEZ		RAMON		Н	0020
Residential Street Address	City			State	Zip Code
1160 Kossuth St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		•
MAINTENANCE		CURT	IS PACKAGING	-	
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 child c			
government the contract is with:    Executive	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	19/2015	\$100.00		\$100.00
If yes, list Event #	01/	15,2015	<b>\$100.00</b>		
Last Name	First			MI	Contribution ID #
RODRIGUEZ		MARILYN			0021
Residential Street Address	City			State	Zip Code
1160 Kossuth St .		Bridgeport		СТ	06608
Principal Occupation		Name of Employ			
HOUSEWIFE		RETIR			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	obbyist, spouse, or Yes Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  X Cash  Personal Check					
X   No   X   Cash   Personal Check   If yes, list Event #	01/	19/2015	\$100.00		\$100.00
Last Name BOSCO	First	DAVID		MI	Contribution ID #
Residential Street Address	City	DAVID		M State	0034 Zip Code
14 South Ln	City	Redding		CT	06896
Principal Occupation		Name of Employ	er		
UNION REP		SEIU	LOCAL 1973		
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	a lobbyist?		
government the contract is with:  Executive Legislative	Б.	ni. 1			
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	19/2015	\$100.00		\$100.00
If yes, list Event # Money Order	I/	-,	¥200.00		, ,

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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						
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public	
B. Itemized Contributions from	m Ind	lividuals	State Stigman			
Last Name	First			MI	Contribution ID #	
MORALES		NILSA		I	0024	
Residential Street Address	City			State	Zip Code	
348 Park St .	L	Bridgeport		СТ	06608	
Principal Occupation PACKER		Name of Employ PRECI	er ISION RESOURCES			
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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	01/	19/2015	\$100.00		\$100.00	
If yes, list Event #	01/.	19/2013	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
MEDINA		WALLES			0026	
Residential Street Address	City			State	Zip Code	
348 Park St .		Bridgeport		СТ	06608	
Principal Occupation		Name of Employ	er			
MENTAL HEALTH WORKER			OF CT, BPT MENTAL HEALT			
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 Executive Legislative		•	x <sub>No</sub>			
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			1-88-18-10			
X No Cash Personal Check	01/:	19/2015	\$100.00		\$100.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
RODRIGUEZ		IVETTE			0027	
Residential Street Address	City			State	Zip Code	
348 Park St .	<u> </u>	Bridgeport		СТ	06608	
Principal Occupation  OPTOMIC TECH		Name of Employ  OPTIO				
			obbyist snouse or	Amou	ant of Contribution	
Yes A No	o	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>			
Is this contribution associated with a  Yes  Method of contribution:	Date	Received	Aggregate Contributions			
rundraising event listed in Section J1?						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	19/2015	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
ROSARIO		KASSANDRA			0028	
Residential Street Address	City			State	Zip Code	
348 Park St .		Bridgeport		СТ	06608	
Principal Occupation		Name of Employ	er			
BARISTA			ra Bread			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	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>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?  Yes  Yes  Refined of Continuous.  Personal Check						
X   No   X   Cash   Personal Check   If yes, list Event #	01/	19/2015	\$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				
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicati	ion for Public		
B. Itemized Contributions from	m Ind	lividuals	Ordin Original				
Last Name	First			MI	Contribution ID #		
NIEVES		AIDEE		I	0029		
Residential Street Address	City			State	Zip Code		
348 Park St .	L	Bridgeport		СТ	06608		
Principal Occupation  OFFICE COORDINATOR		Name of Employ  ACHIE	<sup>er</sup> EVEMENT FIRST, BPT ACADE	MY			
Is contributor a principal of a state contractor or prospective state contractor?	<u> </u>		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?				
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event #	01/	19/2015	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
SANTOS	1 1150	WARDO			0030		
Residential Street Address	City			State	Zip Code		
275 Orchard St .		Bridgeport		СТ	06608		
Principal Occupation		Name of Employ	er	•	•		
DRIVER		RESID	DENTIAL WASTE				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent enna e					
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	19/2015	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
SANTOS	I list	VIVIAN		A	0031		
Residential Street Address	City			State	Zip Code		
275 Orchard St .		Bridgeport		СТ	06608		
Principal Occupation		Name of Employ	er				
OFFICE CLERK			EVEMENT FIRST, BPT ACADE				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a le dependent child of	obbyist, spouse, or	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 a Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section J1?							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	19/2015	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
SANTOS		EDITH			0032		
Residential Street Address	City			State	Zip Code		
275 Orchard St .	L	Bridgeport		СТ	06608		
Principal Occupation		Name of Employ					
CROSSING GUARD  Is contributor a principal of a state contractor or prospective state contractor?			OF BRIDGEPORT obbyist, spouse, or	Amor	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	dependent child of	Vac	Aillou	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 a Method of contribution:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1?  Yes  X Cash  Personal Check							
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	19/2015	\$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				
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public		
B. Itemized Contributions from	m Ind	lividuals	Oldin Oliginal				
Last Name	First			MI	Contribution ID #		
SANTOS		CHRISTINE		М	0033		
Residential Street Address	City			State	Zip Code		
275 Orchard St .	<u> </u>	Bridgeport		СТ	06608		
Principal Occupation SUPERVISOR		Name of Employ	er CRAFTERS				
			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 <sub>No</sub>				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?  X No Personal Check	l						
If yes, list Event # No Money Order Credit/Debit Card	01/	19/2015	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
RODRIGUEZ	11130	IRENE		IVII	0022		
Residential Street Address	City			State	Zip Code		
1160 Kossuth St .		Bridgeport		СТ	06608		
Principal Occupation	•	Name of Employ	er		•		
RECEIVING CLERK		PRECI	ISION RESOURCES				
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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	01/	19/2015	\$100.00		\$100.00		
If yes, list Event #	01/	19/2013	\$100.00		<b>4100.00</b>		
Last Name	First			MI	Contribution ID #		
RODRIGUEZ		MICHELLE			0023		
Residential Street Address	City			State	Zip Code		
1162 Kossuth St .		Bridgeport		СТ	06608		
Principal Occupation		Name of Employ					
OFFICE MANAGER			PORT FAMILY MEDICINE				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		•	x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?  Yes  X Cash  Personal Check							
X   No   X   Cash   Personal Check   If yes, list Event #	01/	19/2015	\$100.00		\$100.00		
	l				1		
Last Name	First			MI	Contribution ID #		
BONILLA Residential Street Address	City	RYAN		State	O025 Zip Code		
388 Swanson Ave	City	Stratford		CT	06614		
Principal Occupation		Name of Employ	er				
HOST		CARR	ABBA'S				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a robbyist?				
government the contract is with:  Executive Legislative	-	<u> </u>	x <sub>No</sub>				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check	01/	19/2015	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	01/	13/2013	\$100.00		φ100.00		

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(	,	TYPE OF REPORT				
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original							
B. Itemized Contributions from	m Ind	lividuals	Oldin Oliginal				
Last Name	First			MI	Contribution ID #		
MARIN		GUILLERMO			0035		
Residential Street Address	City			State	Zip Code		
306 Huntington Rd .	L	Bridgeport		СТ	06608		
Principal Occupation  CONSTRUCTION		Name of Employ	er EMPLOYED JON Q LLC				
			obbyist, spouse, or	Amou	unt of Contribution		
	0	dependent child of					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?    X   No							
If yes, list Event #	01/2	20/2015	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
TAYLOR-MOYE	FIISt	DENISE		IVII	0053		
Residential Street Address	City	DENISE		State	Zip Code		
380 Iranistan Ave		Bridgeport		СТ	06604		
Principal Occupation	-	Name of Employ	er				
HOUSEWIFE		UNEM	PLOYED				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions				
X Cash Personal Check		20/2015	45.00		45.00		
If yes, list Event # Money Order Credit/Debit Card	01/.	20/2015	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
CRUZ		CATALINA			0002		
Residential Street Address	City			State	Zip Code		
489 Putnam St .		Bridgeport		СТ	06608		
Principal Occupation		Name of Employ	er	=	•		
MAINTENANCE		PMI					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent enna e	x No				
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	01/	20/2015	\$10.00		\$10.00		
If yes, list Event #	,	-,	1 1 1 1				
Last Name	First			MI	Contribution ID #		
REYNOLDS		SEAN			0003		
Residential Street Address	City			State	Zip Code		
263 Ellsworth St .	L	Bridgeport		СТ	06605		
Principal Occupation		Name of Employ					
TEACHER -			EVEMENT FIRST	A			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>				
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event #	01/2	20/2015	\$10.00		\$10.00		

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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				
Dejesus 2015			Itemized Statement accompan	ying applicat	ion for Public		
B. Itemized Contributions from	m Ind	lividuals	Grant - Original				
Last Name	First			MI	Contribution ID #		
SOTO		ENRIQUE			0093		
Residential Street Address	City	<u> </u>		State	Zip Code		
88 Lance Cir		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	er		•		
LANDSCAPER HANDYMAN		SELF	EMPLOYED				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?  Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of  Executive  Legislative		dependent enna o	x <sub>No</sub>				
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Duic	Received	riggiogate Contributions				
X No Cash Personal Check	01/2	20/2015	\$5.00		\$5.00		
If yes, list Event #		', '					
Last Name	First			MI	Contribution ID #		
BANTA		JACK			0084		
Residential Street Address	City			State	Zip Code		
20 Cole St .		Bridgeport		СТ	06604		
Principal Occupation		Name of Employe	er				
ELECTRICIAN			O NORTH RAIL ROAD				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?  Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent enna o					
government the contract is with:  Executive Legislative	Б.	n · 1 1					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Resonal Check	01/	20/2015	\$10.00		\$10.00		
If yes, list Event #	01/.	20/2013	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
LUGO		JOSHUA			0070		
Residential Street Address	City			State	Zip Code		
492 Lincoln Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employe	er		•		
CUSTODIAN		BOE					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	obbyist, spouse, or fallobbyist?  Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child o	a lobbyist:				
government the contract is with:  Executive Legislative			x No				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Resonal Check	01/	20/2015	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	01/.	20/2013	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
GONZALEZ		JUAN		С	0076		
Residential Street Address	City			State	Zip Code		
221 Oak St		Bridgeport		СТ	06604		
Principal Occupation		Name of Employe	er	•			
BARBER		VIP B	ARBERSHOP				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or followbright? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?				
government the contract is with:			x <sub>No</sub>				
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions				
X   No	01.	20/2015	#E0 00		¢E0.00		
If yes list Event # No Money Order Credit/Debit Card	I 01/	20/2015	\$50.00		\$50.00		

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Deligicals 2015    British	I. MONETARY RECEIPT	S (Se	ection A-I)				
Last Name   DEFESUS   Solid contributions from Individuals   Fire   Fire   System   Mill   Countribution (P. 2)   Option   Opti							
Lax Name   DEJESUS	Dejesus 2015			•	nying applicat	ion for Public	
DELESSIS  Recidental Since Address  State   St	B. Itemized Contributions from	m Ind	lividuals	Grant - Original			
Reidential Storer, Address  State	Last Name	First			MI	Contribution ID #	
Procept   New Haven	DEJESUS		BRYAN			0074	
Present Count-business are prospective state contractor?   v.e.   Vis.   No.   Throughout presents of a state contractor or prospective state contractor?   v.e.   Vis.   No.   Through the state is branched or prospective state contractor?   v.e.   Vis.   No.   Through the state is state contractor or prospective state contractor?   v.e.   Vis.   No.   Through the state is state in the state of the state is state in the state of the state is state in the state of the state is state in the state in the state is state in the state in the state is state in the state is state in the state in the state in the state in the state is state in the st	Residential Street Address	City			State	Zip Code	
BABBER    Combinator a principal of a nane entiractor or prospective state contractor?   yo   No   No   Amount of Contribution   You   Y	523 Columbus Ave		New Haven		СТ	06519	
to contribute a principal of a finite contribute or prospective state contractor?   vs   vs   dependent of hild of a lobbyper?   vs   vs   vs   dependent of hild of a lobbyper?   vs   vs   vs   vs   vs   vs   vs   v			Name of Employ	er			
Yes   No   Compensation   No   Security   No   Compensation   No   No   No   No   No   No   No							
Executive   Expellative   Ex	Is contributor a principal of a state contractor or prospective state contractor?	0		37	Amou	ant of Contribution	
Last Name   RODRIGUEZ   No   Manage Order   Personal Check   Substitution   Sub	Evacutiva Lagislativa			x <sub>No</sub>			
Tyes, fist Event #	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
Example   Exam	lundraising event listed in Section J1?						
RODRIGUEZ  Residential Street Address  RODRIGUEZ  Residential Street Address  City  Bridgeport  COUNSELOR  In Contributor a principal of a state contracts or prospective state contributors  COUNSELOR  Is contributor a principal of a state contracts or prospective state contributors  COUNSELOR  Is contributor a principal of a state contracts or prospective state contributors  COUNSELOR  Is contributor a principal of a state contracts or prospective state contributors  COUNSELOR  Is contributor a principal of a state contracts or prospective state contributors  Indication event tised in Section 172  No  State  CORA  Residential Street Address  CORA  RESIDENT  RETIRED  Is contributor a principal of a state contracts or prospective state contractor?  Principal Occupation  RETIRED  Is contributor a principal of a state contractor or prospective state contractor?  Principal Occupation  RETIRED  Is contributor a principal of a state contractor or prospective state contractor?  Principal Occupation  RETIRED  Is contributor a principal of a state contractor or prospective state contractor?  Principal Occupation  RETIRED  Is contributor a biology, spoase, or dependent child of a boby; st., spoase, or dependent child of a	x No The case of t	01/2	20/2015	\$100.00		\$100.00	
ROSA M 0.266 Residential Street Aldress Cry State Contribution State C	If yes, list Event # Money Order Credit/Debit Card						
Residential Street Address	Last Name	First			MI	Contribution ID #	
Principal Occupation  COUNSELOR  In contributor a principal of a state contractor or prospective state contractor?  If yes, indicates which haruch or branches of generating even luncil in Sciental 17?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicates which haruch or branches of generating even luncil in Sciental 17?  Is contributor a lobbysit?  Is no dependent child of a lobbysit?  Is no dependent child of a lobbysit?  Is no dependent child of a lobbysit?  In no land of Contribution accounted with a lobbysit in Sciental 17?  Is state Event #   Date Received   Aggregate Contributions   Sciental 17   Sciental 18   Sciental 17   Sciental 18   Scie	RODRIGUEZ		ROSA		М	0266	
Principal Occupation    Name of Employee   Scribbury a principal pole state continuous or prospective state contractor?   Yes   No   Scortification a biologistic speace, or dependent child of a lobbyst?   Yes   Amount of Contribution	Residential Street Address	City				Zip Code	
Security-bution as principal of a state contractor or prospective state contractor?   Yes   No   If yes, indicate which branch or branches of government the contract is with:   Legislative   Legislative   Legislative   Legislative   Stock of the principal Check   No   Stock of the principal Check   Stock of th		Щ,			СТ	06608	
Is contributor a principal of a state contractor or prospective state contractor?							
Yes   More personal Check   South				11 1	I		
Secontification associated with a fundraising event listed in Section J1?   Yes   Method of contribution:   Legislative   Legi	res ontributor a principal of a state contractor or prospective state contractor?	0		Vac	Amot	int of Contribution	
Last Name   CORA   Personal Check   First   Southbuler a principal Occupation   Personal Contribution   Personal Contributio	Evacutiva Lagislativa			x <sub>No</sub>			
fundraising event listed in Section J1?  If yes, list Event #    Cash	Is this contribution associated with a Method of contribution:	Date	Received		1		
Last Name   First   CORA   First   Coredit/Debit Card   Credit/Debit Card   Credit/D	fundraising event listed in Section J1?			86 8			
Last Name  CORA  Residential Street Address  172 Pennsylvania Ave  Principal Occupation  RETIRED  Scontributor a principal of a state contractor or prospective state contractor?  Yes \ No  If yes, indicate which branch or branches of sovermment the contract is with:  Last Name  HOLLAND  Residential Street Address  Last Name  HOLLAND  Residential Street Address  City  Same of Employer  RETIRED  Scontributor a principal of a state contractor or prospective state contractor?  Yes \ No  Method of contribution:  Amount of Contribution  Date Received  Aggregate Contributions  ### Contribution ID ## Occupation  Amount of Contribution  \$\frac{1}{2}\$ Cash	X No	01/2	20/2015	\$5.00		\$5.00	
Residential Street Address 172 Pennsylvania Ave  Principal Occupation  RETIRED  Is contributor a principal of a state contractor or prospective state contractor?    Yes   No   Security	If yes, list Event #			,		•	
Residential Street Address  172 Pennsylvania Ave    State   Zip Code	Last Name	First			MI	Contribution ID #	
Total Principal Occupation   Name of Employer   RETIRED	CORA		HELEN			0098	
Principal Occupation  RETIRED  Is contributor a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	Zip Code	
RETIRED  Is contributor a principal of a state contractor or prospective state contractor?	·	<u> </u>	Bridgeport		СТ	06610	
Is contributor a principal of a state contractor or prospective state contractor?							
If yes, indicate which branch or branches of government the contract is with:  Is this contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Executive							
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Legislative  Legislative  Legislative  Legislative  Date Received  Aggregate Contributions  \$100.00 \$100.00  \$100.00	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	int of Contribution	
Several metric collinate is with a fundraising event listed in Section J1?	Evacutiva Lagislativa		į	<u> </u>			
fundraising event listed in Section J1?  If yes, list Event #    Cash	government the contract is with:	Date	Received		1		
Last Name	fundraising event listed in Section J1?			1.00.10.10			
Last Name    First	No	01/2	21/2015	\$100.00		\$100.00	
Residential Street Address 400 Kent Ave  Bridgeport  CT 06610  Principal Occupation EQUIPMENT OPERATOR  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 a fundraising event listed in Section J1?  Method of contribution:  Date Received  Aggregate Contributions  \$100.00  \$100.00	If yes, list Event #						
Residential Street Address 400 Kent Ave  Bridgeport  Name of Employer VALLEY CREST  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 a fundraising event listed in Section J1?  No  State Zip Code CT 06610  Name of Employer VALLEY CREST  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  X No Amount of Contribution  Aggregate Contributions  \$\frac{1}{2} \text{ No} \text{ Monont of Contributions}  \$\frac{1}{2} \text{ Amount of Contribution}  \$\frac{1}{2} \text{ No} \text{ No}  \$\frac{1}{2} \text{ No} \text{ No}  \$\frac{1}{2} \text{ No} \text{ No}  \$\frac{1}{2} \text{ No}  \$	Last Name	First			MI	Contribution ID #	
A 400 Kent Ave  Bridgeport  CT 06610  Principal Occupation  EQUIPMENT OPERATOR  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 a fundraising event listed in Section J1?  Method of contribution:  Date Received  Aggregate Contributions  \$\frac{1}{2}\$ Quegate Contributions	HOLLAND		CORY			0152	
Principal Occupation  EQUIPMENT OPERATOR  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 a fundraising event listed in Section J1?  Name of Employer  VALLEY CREST  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist?  Amount of Contribution  Aggregate Contributions  Fersonal Check  O1/21/2015  \$100.00  \$100.00	Residential Street Address	City			State	Zip Code	
EQUIPMENT OPERATOR  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 a fundraising event listed in Section J1?  Executive Legislative  Legislative  VALLEY CREST  Amount of Contribution dependent child of a lobbyist; spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is no lis contribution a lobbyist?  Amount of Contribution dependent child of a lo	400 Kent Ave	L	Bridgeport		СТ	06610	
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Is this contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section J1?  No  No  No  Stock  No  No  No  No  No  No  No  No  No  N							
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  No Date Received Aggregate Contributions    X Yes   X No   Personal Check   O1/21/2015   \$100.00   \$100.00							
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?    No   No   No   Personal Check   O1/21/2015   \$100.00   \$100.00	Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0		Vac	Amou	int of Contribution	
Is this contribution associated with a fundraising event listed in Section J1?    X Yes	Evacutiva Lagislativa		Sima				
fundraising event listed in Section J1?  Yes  Root Cash  Personal Check  01/21/2015  \$100.00	government the contract is with:	Date	Received		-		
U №	fundraising event listed in Section J1?	Date	11001100	1.5510gate Contributions			
	If yes, list Event # 01302015A No XX Cash Personal Check	01/2	21/2015	\$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									
Dejesus 2015	ying applicat	ion for Public							
Grant - Original  B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
JIMENEZ		JOHN		R	0075				
Residential Street Address	City			State	Zip Code				
217 Alpine St .	<u> </u>	Bridgeport		СТ	06610				
Principal Occupation  MECHANIC		Name of Employ	er .GE'S AUTO PARTS						
			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	<u> </u>						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # No Money Order Credit/Debit Card	01/2	21/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
ROJAS	1 1130	JASMIN		IVII	0078				
Residential Street Address	City	37.01111		State	Zip Code				
217 Alpine St .		Bridgeport		СТ	06610				
Principal Occupation	•	Name of Employ	er		•				
PHLEBOTOMY		QUES	T DIAGNOSTICS						
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 <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
Cash Personal Check		24 (224 5	\. T0.00		450.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	21/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
OLIVO		ERIC			0085				
Residential Street Address	City			State	Zip Code				
145 Chamberlain Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	<b>-</b>	-				
SITE COORDINATOR		ADAN	CED RADIOLOGY						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	x No						
government the contract is with:  Legislative  Legislative	Dete	Received							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Keceived	Aggregate Contributions						
X No Cash Personal Check	01/	21/2015	\$100.00		\$100.00				
If yes, list Event #	/-		4						
Last Name	First			MI	Contribution ID #				
TORRES		ELIZABETH			0088				
Residential Street Address	City			State	Zip Code				
64 E Brown St	L	West Haven		CT	06516				
Principal Occupation		Name of Employ							
CHIEF EXECUTIVE OFFICER			GEPORT NEIGHBORHOOD TR		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?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			· <del>-</del> -						
X No	01/2	21/2015	\$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									
Dejesus 2015  Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
ZAPATA		ZAVIER		D	0089				
Residential Street Address	City			State	Zip Code				
139 Sunnyside Ave		Waterbury		СТ	06708				
Principal Occupation  KENNEL DUTY		Name of Employ HIGH	<sup>er</sup> WAY ANIMAL HOSPITAL						
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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	01/	21/2015	\$50.00		\$50.00				
I and Name	E:t			L va	Contribution ID#				
Last Name HUZINA	First	KELLEY		MI	Contribution ID #				
Residential Street Address	City	KELLET		State	Zip Code				
138 Sunnyside Ave Fl 3		Waterbury		CT	06708				
Principal Occupation		Name of Employ	er	<u>!</u>					
SUPERVISOR		STAY	WELL HEALTH CENTER						
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?						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  X Cash  Personal Check									
If yes, list Event #	01/	21/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
OLMO		LUCILA			0091				
Residential Street Address	City			State	Zip Code				
713 Capitol Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
RETIRED		RETIF							
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	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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	]					
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	21/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
LOPEZ		LUIS JR.			0096				
Residential Street Address	City			State	Zip Code				
713 Capitol Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
PAINTER  Is contributor a principal of a state contractor or prospective state contractor?		JON C	.11	A	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?    X   No	<b> </b>	24 (224 =							
If yes, list Event # No Money Order Credit/Debit Card	01/	21/2015	\$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									
Dejesus 2015  Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
MONTALVO		LUIS		Α	0100				
Residential Street Address	City			State	Zip Code				
113 South Ave		Bridgeport		СТ	06604				
Principal Occupation  CASHIER		Name of Employ	er DARD PETROLEUM						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	Voc	111104	ar or commount				
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	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	21/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
AGUILAR		CLAUDIA			0071				
Residential Street Address	City			State	Zip Code				
365 Dogwood Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		•				
SOCIAL WORKER		DCF							
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or  of a labbyist?  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia c							
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
x No X Cash Personal Check	01/	21/2015	\$100.00		\$100.00				
If yes, list Event #		,	,						
Last Name	First			MI	Contribution ID #				
CARPENTER		RICHARD		E	0072				
Residential Street Address	City			State	Zip Code				
11 Riverbend Dr .		Oxford		СТ	06478				
Principal Occupation		Name of Employ							
RETIRED  Is contributor a principal of a state contractor or prospective state contractor?		RETIR	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	21/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
SOTO SOTO	FIISt	REYES		M	0092				
Residential Street Address	City	TETES .		State	Zip Code				
635 Granfield Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
UNEMPLOYED		UNEM	IPLOYED						
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 foodyfst?						
government the contract is with:	Б.	Pagaire 4	X No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	01/	21/2015	\$100.00		\$100.00				
If yes, list Event #	``.'	,	Ψ100.00		T = 20.00				

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I MONETA BY DECEMBER (C. P. A. D.									
I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Howard Statement accompanies application for Public									
Dejesus 2015 Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
сотто		CRUZ		М	0097				
Residential Street Address	City			State	Zip Code				
117 Alpine St .		Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
RETIRED		RETIR	RED						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/2	21/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
NGO		HUNG		V	0140				
Residential Street Address	City			State	Zip Code				
206 Fourth St		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ							
		SELF	EMPLOYED						
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 a Yes Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/2	21/2015	\$100.00		\$100.00				
3.9									
Last Name	First			MI	Contribution ID #				
MELENDEZ		WILLIAM		Е	0142				
Residential Street Address	City			State	Zip Code				
1946 Central Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
MECHANIC		BRIAF	RWOOD AUTO SERVICE						
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 chira c	*						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/2	21/2015	\$20.00		\$20.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
TORRES		JOHN			0046				
Residential Street Address	City			State	Zip Code				
18 General Wooster Rd		Derby		СТ	06418				
Principal Occupation		Name of Employ							
FINANCE MANAGER		CASA							
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		arp and only o	x No						
government the contract is with:  Executive Legislative	Б.	D . 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		21/2015	4100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	01/2	21/2015	\$100.00		\$100.00				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   Dejcisus 2015   Type Of REPORT	I. MONETARY RECEIPTS (Section A-I)									
Second   S										
Lan Name   ROSADO   Readenable Neer Address   Rose   Ros	Bejesus 2015									
Restoration   Sever   Address										
Reduction 2 Stores Address	Last Name	First			MI	Contribution ID #				
Principal Conceptions	BOSCO		VIRGINIA		В	0073				
Name of Compution		City			State	1 1				
RETIRED     ROWN   RETIRED     ROWN   RETIRED     ROWN					СТ	06896				
Econtinitation a principal of a static contractor or prospective static contractor?			1 ,							
				11 :	Amou	int of Contribution				
Rownwaread take contractic with	Yes X No	0		of a lobbyist?						
## Personal Check   Flyes, list Event ##   Flame   Fl	Evanutiva Lagislativa			x <sub>No</sub>						
Last Name   ROSADO   Residential Sirver Address   ROSADO   Residential Resid	Vac	Date	Received	Aggregate Contributions						
Last Name  ROSADO  Residential Street Address  Bright	Tundraising event instead in Section 31:	l								
ROSADO	If yes, list Event #	01/	21/2015	\$100.00		\$100.00				
ROSADO	Last Name	First			мі	Contribution ID #				
Residential Street Address 91 Elmwood Pl  State Contribution associated with a fundarising event listed in Section J1?  Principal Occupation  ROSADO  Residential Street Address  Principal Occupation  ROSADO  ROSADO		Tiist	MAYRA							
Principal Occupation  MANAGER  Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No   Sincontributor a principal of a state contractor or prospective state contractor?   Yes   X   No   Sincontributor a principal of a state contractor or prospective state contractor?   Yes   Great Name   Personal Check   Olt/21/2015   S25.00     State Name   Personal Check   Olt/21/2015   S25.00   S25.00     S25.00   S25.00   S25.00   S25.00   S25.00   S25.00     S25.00   S	Residential Street Address	City								
Is contributor a principal of a state contractor or prospective state contractor?    Yes	91 Elmwood Pl		Bridgeport		СТ	06605				
Is contributor a principal of a state contractor or prospective state in Section J1?  If yes, indicate which branch or branches of government the contract is with:  Legislative   Legis	Principal Occupation		Name of Employ	er						
Yes   X   No     No	MANAGER		SIKO	RSKY AIRCRAFT	_					
If yes, indicate which branch or branches of government the contract is with:    Secontrol button associated with a fundraising event listed in Section J1?   Yes   Aggregate Contributions   Yes   Yes	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	nt of Contribution				
Severiment the contract is with:  Is shis contribution associated with a fundraising event listed in Section J1?  If yes, list Event #  Method of contribution:    No	If yes, indicate which branch or branches of		dependent child o	of a foodyist?						
Findraising event listed in Section J1?  If yes, list Event # NosADO  Residential Street Address  Personal Check   Personal C	government the contract is with:	-								
Last Name  ROSADO  Residential Street Address 91 Elmwood Pl  Is contributor a principal of a state contractor or prospective state on tractor?   Yes   X No   S to the foundation associated with a fundraising event listed in Section J1?   Yes   Ist Event #   Money Order   Personal Check   Noney Order   Persona	Vac	Date	Received	Aggregate Contributions						
Last Name  ROSADO  Residential Street Address 91 Elmwood Pl  First ANGEL  City Bridgeport  COOPER SURGICAL  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 sociated with a fundraising event listed in Section J1?  If yes, list Event #  MI Contribution ID #  O6605  Name of Employer  COOPER SURGICAL  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  We should be contract is with:  If yes, indicate which branch or branches of government the contract is with:  Method of contribution:  Method of contribution:  Angeregate Contributions  Personal Check O1/21/2015  \$25.00  \$25.00  \$25.00  Residential Street Address  Angeregate Contributions  MI Contribution ID #  O056  Residential Street Address  City  State Zip Code	Cash Personal Check	01/	21/2015	\$25.00		\$25.00				
Residential Street Address  Principal Occupation TECHNICAL SUPPORT  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #   Test Mane  GIGLIO  ANGEL  City  State  State  Zip Code  CT  06605  Name of Employ=  COOPER SURGICAL  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X No  Method of contribution:  Credit/Debit Card  Personal Check O1/21/2015  FABIAN  City  State  Zip Code		01/	21,2015	Ψ23.00		423.00				
Residential Street Address 91 Elmwood Pl  Principal Occupation TECHNICAL SUPPORT  Is contributor a principal of a state contractor or prospective state on tractor?  Is contributor a principal of a state contractor or prospective state on tractor?  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #    Amount of Contribution   Personal Check of Money Order   Personal Check of Credit/Debit Card   Per	Last Name	First			MI	Contribution ID #				
Principal Occupation TECHNICAL SUPPORT  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 a fundraising event listed in Section J1?  If yes, list Event #    Amount of Contribution   Personal Check   Credit/Debit Card   Credit/Debit Card   Credit/Debit Card   City   State   City   State   City   Code	ROSADO		ANGEL		L	0134				
Principal Occupation  TECHNICAL SUPPORT  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 a fundraising event listed in Section J1?  If yes, list Event #  Legislative  Date Received  Aggregate Contributions  Personal Check O1/21/2015  First FABIAN  MII Contribution ID # GIGLIO  Residential Street Address  O056	Residential Street Address	City			State	Zip Code				
TECHNICAL SUPPORT  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 a fundraising event listed in Section J1?  If yes, list Event #			Bridgeport		СТ	06605				
Is contributor a principal of a state contractor or prospective state contractor?    Yes   X   No     No     Septendent child of a lobbyist, spouse, or dependent child of a lobbyist?   Yes   X   No     Yes   X   No   X   No   Yes   X   No   X   No			1 ,							
If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1?  Last Name  GIGLIO  Residential Street Address  First  GIGLIO  FABIAN  First  FABIAN  GIGLIO  FABIAN  GIGLIO  FABIAN  First  FABIAN  FABIAN  GIGLIO  FABIAN  GIGLIO  FABIAN  Gependent child of a lobbyist?  Yes  X No  Aggregate Contributions  \$25.00  \$25.00  \$25.00  \$25.00  \$25.00  \$25.00  \$25.00  \$25.00										
Is this contribution associated with a fundraising event listed in Section J1?  Last Name  GIGLIO  Residential Street Address  Executive Legislative  Legislative  Legislative  Date Received Aggregate Contributions  O1/21/2015  \$25.00  \$25.00  MI Contribution ID # O056  City  State  Zip Code	is contributor a principal of a state contractor or prospective state contractor?  Yes  X  No	0		37	Amou	int of Contribution				
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #    Last Name   GIGLIO   GIGLIO   Gestion J1   Giglin	Evacutiva I agislativa			x <sub>No</sub>						
Last Name GIGLIO Residential Street Address  Lif yes, list Event #  Last Name GIGLIO  Residential Street Address  Last Name Cash Money Order  Personal Check Credit/Debit Card  O1/21/2015  First First FABIAN  Contribution ID # 0056  State Zip Code	Is this contribution associated with a Method of contribution:	Date	Received							
Last Name GIGLIO Residential Street Address  Lif yes, list Event #  O1/21/2015 State O1/21/	Tundraising event instead in Section 31?									
GIGLIO FABIAN 0056 Residential Street Address City State Zip Code	X No   State   State	01/	21/2015	\$25.00		\$25.00				
GIGLIO FABIAN 0056 Residential Street Address City State Zip Code					L					
Residential Street Address City State Zip Code		First	EARTAN		MI					
		City	IADIAN		State					
			Bridgeport			l -				
Principal Occupation Name of Employer	Principal Occupation		Name of Employ	er						
VALET DRIVER LEXUS OF WESTPORT	VALET DRIVER		LEXUS	S OF WESTPORT						
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?	0		Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of	If yes, indicate which branch or branches of		acpendent child (	-						
government in command with a Marked of contribution:  Data Descripted Aggregate Contributions	Is this contribution associated with a Mathod of contribution:	Data	Received							
fundraising event listed in Section J1?	fundraising event listed in Section J1?	Date	1.5501700							
If yes, list Event # Personal Check O1/21/2015 \$5.00 \$5.00	X No	01/	21/2015	\$5.00		\$5.00				

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I MONETADY DECEIPTS (Section A. I)									
I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015 Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
SANTIAGO		RUBEN			0057				
Residential Street Address	City			State	Zip Code				
789 William St .		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
MANAGER			DS GOOD						
			obbyist snouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	37	111100	in or commount				
If yes, indicate which branch or branches of  Executive Legislative			x <sub>No</sub>						
government the contract is with.	Dete	D							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/2	21/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
VILORIO		EDWARD		W	0059				
Residential Street Address	City			State	Zip Code				
157 Catherine St .		Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
PAINTER		JON C	LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No	)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of  Executive  Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	recerved	1.6gregate continuations						
x No Cash Personal Check	01/	21/2015	¢20.00		¢30.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	21/2015	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
MORALES		TAMAR		Α	0045				
Residential Street Address	City			State	Zip Code				
304 Huntington Rd .		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
OFFICE ASSISTANT BUILDING DEPT.		CITY	OF BRIDGEPORT						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or  Yes	Amou	nt of Contribution				
	, 	dependent child of	a lobbyist:						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
× No   P case   P cas	01/2	21/2015	\$25.00		\$25.00				
If yes, list Event #			•						
Last Name	First			MI	Contribution ID #				
OLMO		JOHN			0001				
Residential Street Address	City	301114		State	Zip Code				
	City	Pridagnort			-				
635 Granfield Ave	L .	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
IMAGE LIBRARY SUPERVISOR			NCED RADIOLOGY						
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 emila (	•						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event #	01/2	21/2015	\$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									
Dejesus 2015	ying applicat	ion for Public							
Grant - Original  B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DORGAN		JOHANNA		Т	0047				
Residential Street Address	City	5.1		State	Zip Code				
88 Lance Cir .	L	Bridgeport		СТ	06606				
Principal Occupation  CONSTITUENT SERVICE REP.		Name of Employ  CITY	of BRIDGEPORT						
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:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	01/	21/2015	\$10.00		\$10.00				
If yes, list Event #	01/.	21/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
TAYLOR		CHRISTOPHE	:R	J	0042				
Residential Street Address	City			State	Zip Code				
270 Bronson Rd		Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
STUDENT		STUD							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		į	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1-88-184-1						
X No Cash X Personal Check	01/2	22/2015	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
PREITO		MOISES		R	0043				
Residential Street Address	City			State	Zip Code				
214 Popes Island Rd	<u> </u>	Milford		СТ	06461				
Principal Occupation  MEMBER		Name of Employ	PLOYED						
			obbyist snouse or	Amou	ant of Contribution				
Yes 🔼 No	o	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	01/2	22/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
MORALES	1 1150	ISAAC JR.			0004				
Residential Street Address	City			State	Zip Code				
651 Barnum Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er	-	•				
RETIRED		RETIR	RED		_				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X   No   X   Cash   Personal Check   If yes, list Event #	01/2	22/2015	\$10.00		\$10.00				

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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					
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
AMPARO		YASSIR			0005
Residential Street Address	City			State	Zip Code
697 Hallett St	L.,	Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		
MAINTENANCE SUPERVISOR		PMI			
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	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 a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	22/2015	\$10.00		\$10.00
	I			l	I a
Last Name	First	MADTA		MI	Contribution ID #
VALLE Residential Street Address	City	MARIA		I State	0044
561 Brooks St	City	Bridgeport		CT	Zip Code 06608
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00008
RETIRED		RETIR			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check  Money Order Credit/Debit Card	01/2	22/2015	\$50.00		\$50.00
				<u> </u>	•
Last Name	First			MI	Contribution ID #
CABRERA		JORGE		L	0040
Residential Street Address	City	Hamadan		State	Zip Code
28 Longmeadow Ave Principal Occupation		Hamden Name of Employ	or	СТ	06514
типера оссиранов		Name of Employ	Ci		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution
Yes 🔼 N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/2	22/2015	\$25.00		\$25.00
T. ar	Б			L	C C C D "
Last Name DRAPE	First	JOHN		MI	Contribution ID # 0058
Residential Street Address	City	JOHN		State	Zip Code
305 Parrott Ave	City	Bridgeport		CT	06606
Principal Occupation	<u>'                                    </u>	Name of Employ	er	!	
MECHANIC		BEST	BET AUTOMOTIVE INC		
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	υ	dependent child of	a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a fundraising event listed in Section 11?  Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/2	22/2015	\$20.00		\$20.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015  Itemized Statement accompanying application for Pu Grant - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
DELGADO		FAVIAN			0055			
Residential Street Address	City			State	Zip Code			
1498 Central Ave		Bridgeport		СТ	06610			
Principal Occupation  MECHANIC		Name of Employ	er RWOOD SERVICE CENTER					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	Voc	111100	in or commount			
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	Date	Received	Aggregate Contributions	]				
Tunidraising event instead in Section 31:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	22/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
DUNN	1 1100	DAVID			0119			
Residential Street Address	City			State	Zip Code			
92 Eunice Pkwy		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er	•				
PERSONNEL DIRECTOR		CITY	OF BRIDGEPORT					
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	22/2015	\$50.00		\$50.00			
If yes, list Event #			· ·		•			
Last Name	First			MI	Contribution ID #			
WONG		ROSE		М	0118			
Residential Street Address	City			State	Zip Code			
150 Boston Ave		Stratford		СТ	06614			
Principal Occupation		Name of Employ						
SOCIAL SERVICE COORDINATOR  Is contributor a principal of a state contractor or prospective state contractor?			OF BPT	1 Amou	nt 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 government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
rundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	22/2015	\$5.00		\$5.00			
Lad Norm	Pit			Lva	Ct-ilti ID#			
Last Name SYMSKI	First	STEPHEN		MI T	Contribution ID # 0099			
Residential Street Address	City	STEFFIEN		State	Zip Code			
77 Capitol Dr .		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er	•				
VEHICLE MAINTENANCE		FED E	ΣX					
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 foodyfst?					
government the contract is with:	Б.	D : 1	x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	017	22/2015	\$40.00		\$40.00			
If yes, list Event # Money Order Credit/Debit Card	51/.	/	₽ <del>1</del> 0.00		φ-τ0.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
CINTRON		JUAN		Α	0066				
Residential Street Address	City			State	Zip Code				
70 Lincoln Ave		Bridgeport		СТ	06606				
Principal Occupation OUTREACH WORKER		Name of Employ CASA							
			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	22/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
DEJESUS	FIISt	NILSA		IVII	0067				
Residential Street Address	City	WILON		State	Zip Code				
32 Steuben St		Bridgeport		СТ	06608				
Principal Occupation	•	Name of Employ	er		•				
CASHIER		BJ'S \	VHOLE SALE	_					
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	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	22/2015	\$100.00		\$100.00				
If yes, list Event #	/		7						
Last Name	First			MI	Contribution ID #				
VALENTIN		GILBERT			0068				
Residential Street Address	City			State	Zip Code				
32 Steuben St .		Bridgeport		СТ	06608				
Principal Occupation  DETECTIVE SERGENT		Name of Employ							
			OF BRIDGEPORT obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of		7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	22/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
CORA	1 1150	GUILLERMO		W	0069				
Residential Street Address	City			State	Zip Code				
172 Pennsylvania Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er	•	•				
MAIL HANDLER		USPS							
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X   No   X   Cash   Personal Check   If yes, list Event #	01/	22/2015	\$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					
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Orani Origina.		
Last Name	First			MI	Contribution ID #
OJEDA		ANGEL		L	0077
Residential Street Address	City			State	Zip Code
97 Bradley Ave	L	Hamden		СТ	06514
Principal Occupation		Name of Employ			
REGISTRATION ASSOCIATE II			UNIVERSITY		
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?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>		
Takin mailudin mailudin — Makadafan mili	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?  Yes  Yes  X Cash  Personal Check					
x No The case of t	01/2	22/2015	\$50.00		\$50.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
TAKACS		LYDIA			0169
Residential Street Address	City			State	Zip Code
1241 Main St	Щ,	Stratford		СТ	06604
Principal Occupation		Name of Employ	er		
RETIRED		T1	-11	۸	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Alliot	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		
Is this contribution associated with a fundraising event listed in Section J1?    X Yes     X Cash     Personal Check					
□ No □ □ ····· □ ·····	01/2	22/2015	\$5.00		\$5.00
If yes, list Event # 01302015A					
Last Name	First			MI	Contribution ID #
FIGUEROA		MARIA			0171
Residential Street Address	City			State	Zip Code
75 Stewart St # C-7	<u> </u>	Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amoi	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor?  Yes  N	o	dependent child of	37	1	an or commount
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:					
If yes, list Event # 01302015A No Sash Money Order Credit/Debit Card	01/2	22/2015	\$5.00		\$5.00
in year, in 23 care to care the care and a care the care the care and a care and a care the care and a care a				l	
Last Name	First			MI	Contribution ID #
BISHOP		JAMES		A	0170
Residential Street Address	City	Duidaanaut		State	Zip Code
1030 Maplewood Ave Principal Occupation	<u> </u>	Bridgeport Name of Employ	or	СТ	06605
PARKING ENFORCEMENT		Name of Employ	Ci		
		Is contributor a l	obbyist, spouse, 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 a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/2	22/2015	\$5.00		\$5.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
MAZO		MARIA			0264				
Residential Street Address	City			State	Zip Code				
80 Vine St		Bridgeport		СТ	06604				
Principal Occupation  COOK		Name of Employ  LATIN	er IO RESTAURANT						
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:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	23/2015	\$5.00		\$5.00				
If yes, list Event #	01/	23,2013	43.00						
Last Name	First			MI	Contribution ID #				
MERCED		FIDEL			0265				
Residential Street Address	City			State	Zip Code				
1050 Pembroke St	L	Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?			PLOYED obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X 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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  X Cash Personal Check									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	23/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
BUTLER	First	SHANE JR.		IVII	0079				
Residential Street Address	City	0.0.012		State	Zip Code				
1136 Broadbridge Ave		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er		•				
STUDENT		STUD	ENT						
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		dependent ennu (	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	10001100	11gg. ogute continuations						
If yes, list Event #	01/	23/2015	\$5.00		\$5.00				
I you, is a treat if				l					
Last Name	First			MI	Contribution ID #				
DENTON	C'i	KELLY		L	0087				
Residential Street Address  1136 Broadbridge Ave	City	Stratford		State CT	Zip Code 06615				
Principal Occupation		Name of Employ	er	Ci	00013				
PATIENT SERVICE SPECIALIST			NCED RADIOLOGY						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a loodyist?						
government the contract is with:	Б.	D : 1	x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	23/2015	\$10.00		\$10.00				
If yes, list Event # Money Order	1/	-,	420.00	I	,				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Dejesus 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Original					
		iiviuuais		MI	Contribution ID #			
Last Name THOMAS	First	SHERRI		A	0080			
Residential Street Address	City	JILKKI		State	Zip Code			
161 Victory St	City	Stratford		CT	06615			
Principal Occupation	<u>'</u>	Name of Employe	er	<u> </u>				
COORDINATOR		ADVA	NCED RADIOLOGY CONSULT	ANTS				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	<u> </u>					
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					
tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/2	23/2015	\$5.00		\$5.00			
				l	1			
Last Name	First			MI	Contribution ID #			
SOLANO	o:	DENISE		a	0086			
Residential Street Address	City	Duideanaut		State CT	Zip Code			
116 Charles St Principal Occupation	_	Bridgeport Name of Employe	or	CI	06606			
FILM LIBRARIAN			NCED RADIOLOGY					
			obbyict chause or	Amou	ant of Contribution			
Yes X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	23/2015	\$40.00		\$40.00			
I yes, in 2 tea.	<u> </u>			<u> </u>				
Last Name	First			MI	Contribution ID #			
ТОТН		EILEEN		М	0101			
Residential Street Address	City			State	Zip Code			
248 Texas Ave	<u> </u>	Bridgeport Name of Employe		СТ	06610			
Principal Occupation  COMMUNITY COUNSELOR ABE		1 7	er EDY CENTER					
			obbyist, spouse, or	Amoi	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  N	o	dependent child o		1	an or commount			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	23/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
RODRIGUEZ		GIOVANNI			0064			
Residential Street Address	City			State	Zip Code			
485 Hallett St .	L	Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
SALE ASSOCIATION  Is contributor a principal of a state contractor or prospective state contractor?			H LINE  obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	0	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	1				
is this contribution associated with a fundraising event listed in Section J1?  Yes  X Cash  Personal Check								
If yes, list Event #	01/2	23/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying app Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
ROSARIO		BIANCA		М	0065				
Residential Street Address	City			State	Zip Code				
114 Caroline St .	<u> </u>	Bridgeport		СТ	06608				
Principal Occupation  RECEPTIONIST		Name of Employ DEJES	er SUS DENTAL 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	5	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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	01/2	23/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
PAGAN		LUIS			0138				
Residential Street Address	City	D : 1		State	Zip Code				
31 Roosevelt St .  Principal Occupation	L	Bridgeport Name of Employ	or	СТ	06608				
Тіпера Оссараної		Name of Employ	Ci						
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:  Executive Legislative		D 1 1	x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	01/2	23/2015	\$5.00		\$5.00				
If yes, list Event #				<u> </u>					
Last Name	First			MI	Contribution ID #				
RUDD		LARRY		N	0141				
Residential Street Address	City	Duidenne		State	Zip Code				
56-60 Waterman St .  Principal Occupation	<u> </u>	Bridgeport Name of Employ	or .	СТ	06608				
COURIER		1 ,	COURIER SERVICE						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	О	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 a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X   No   X   Cash   Personal Check		22/22/5	45.00						
If yes, list Event # No Money Order Credit/Debit Card	01/.	23/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
FLORES		PEDRO			0160				
Residential Street Address	City			State	Zip Code				
47 Sherman St	L	Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
TRUCK DRIVER, P.W.  Is contributor a principal of a state contractor or prospective state contractor?			OF BRIDGEPORT obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	Amou	ant of Conditionion				
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidialising event listed in Section 31:									
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/2	23/2015	\$10.00		\$10.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I TYPE OF PERONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
FLORES		LUZ		М	0161				
Residential Street Address	City			State	Zip Code				
47 Sherman St		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
N/A		N/A							
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No	•	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in Section 31:									
No Cash Personal Check	01/2	23/2015	\$10.00		\$10.00				
If yes, list Event # 01302015A									
Last Name	First			MI	Contribution ID #				
CRUZ		RICHARD		Α	0083				
Residential Street Address	City			State	Zip Code				
117 Chamberlain Pl .	,	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	<u> </u>	00000				
RESPIRATORY CARE PRACTITIONER			INCENT'S MED. CNTR						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	dependent child of	Voc	7 tinou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:	Dete	D							
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/.	23/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
SOTO		MIGUEL		Α	0060				
Residential Street Address	City			State	Zip Code				
954 Park Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
INSTALLER		SOUN	DS GOOD						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	,	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent chira c	*						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunditaising event listed in Section 31:									
If yes, list Event # 01302015A No Season Serious Cash Personal Check	01/2	23/2015	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
MAZO		DIANA			0061				
Residential Street Address	City			State	Zip Code				
80 Vine St .		Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
MAINTENANCE		CHAM	PION MAINTENANCE						
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:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:  Separate of the second	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Personal Check  Money Order Credit/Debit Card	01/2	23/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015  Itemized Statement accompanying application Grant - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
MAZO		CRISTIAN			0062			
Residential Street Address	City			State	Zip Code			
78 Vine St .	<u> </u>	Bridgeport		СТ	06604			
Principal Occupation  HVAC TECHNICIAN		Name of Employ	er & COOLER					
			11 1 ·	Amou	ant of Contribution			
Yes X N	lo	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 a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	23/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
RODRIGUEZ	FIISt	CARMEN		M	0063			
Residential Street Address	City	C/ II (I I I I I		State	Zip Code			
485 Halett St .		Bridgeport		СТ	06608			
Principal Occupation	•	Name of Employ	er		•			
VERIFICATION INSPECTOR		COOP	ER SURGICAL	_				
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with:  Executive Legislative	D-4-	D i d						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Zash Personal Check	01/	23/2015	\$5.00		\$5.00			
If yes, list Event #	01/	23, 2013	Ψ3.00		45.00			
Last Name	First			MI	Contribution ID #			
CARRION		NANCY			0049			
Residential Street Address	City			State	Zip Code			
131 Fairview Ave	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
CASE MANAGER COUNSELOR  Is contributor a principal of a state contractor or prospective state contractor?		CASA	obbyist, spouse, or	Amoi	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of		7 timot	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 a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidationing event instead in Section 51:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	23/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
CASANOVA	1 1130	RAFAEL			0054			
Residential Street Address	City			State	Zip Code			
33 Boston Ter Apt 1		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	-				
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:  Executive Legislative  Method of contributions	D-4	Received	X No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #   X   No   X   Cash   Personal Check   Money Order   Credit/Debit Card	01/	23/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
RODRIGUEZ		JACQUELINE		D	0037				
Residential Street Address	City			State	Zip Code				
243 Success Ave	L	Bridgeport		СТ	06610				
Principal Occupation		Name of Employe	er ICAL ABUSE AGENCY						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or for lobbyist?  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  X  Cash  Personal Check									
If yes, list Event #   X   No   X   Cash   Personal Check   Money Order   Credit/Debit Card	01/2	23/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
ROMAN	l list	MARIA		1411	0050				
Residential Street Address	City	1 17 11 127 1		State	Zip Code				
367 Bishop Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er	•					
		DISA	BLED	-					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or followbright? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o							
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event #	01/2	23/2015	\$15.00		\$15.00				
If yes, list Event #	<u> </u>			<u> </u>					
Last Name	First			MI	Contribution ID #				
DEJESUS		DAVID JR.			0051				
Residential Street Address	City	Duidenne		State	Zip Code				
367 Bishop Ave Principal Occupation		Bridgeport Name of Employe	or	СТ	06610				
SUBSTANCE ABUSE COUNSELOR		1 7	ICAL ABUSE AGENCY						
				Amou	ınt of Contribution				
Yes 🔼 N	0	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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	23/2015	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
PEREZ		MIGDALIA			0052				
Residential Street Address	City			State	Zip Code				
367 Bishop Ave	L	Bridgeport		СТ	06610				
Principal Occupation		Name of Employe							
TELLER			LE'S UNITED BANK						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	obbyist, spouse, or fa lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	01/2	23/2015	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying applic  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DELOIZAGA		MARTA			0039				
Residential Street Address	City			State	Zip Code				
543 Huntington Tpke		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er	•	•				
		HOUS	ATONIC COMMUNITY COLLE	GE					
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			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Resonal Check		22 (22 ) 5	425.00		125.00				
If yes, list Event #	01/.	23/2015	\$25.00		\$25.00				
LadVana	First			M	Contribution ID #				
Last Name SANTOS	FIISt	VICTOR		MI	Contribution ID # 0006				
Residential Street Address	City	VICTOR		State	Zip Code				
140 Manila St .	City	Bridgeport		CT	06610				
Principal Occupation	<u> </u>	Name of Employ	or	CI	00010				
TEACHER			EVEMENT FIRST						
			obbyict chause or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	о	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	01/	23/2015	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
DEJESUS		JOSE			0007				
Residential Street Address	City			State	Zip Code				
262 Priscilla St .		Bridgeport		СТ	06610				
Principal Occupation	_	Name of Employ	er		•				
LINE STRIPPER		SMC							
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		dependent child of	or a robbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	23/2015	\$5.00		\$5.00				
T. SV					La .a . p.				
Last Name  GEE	First	FELICIA		MI N	Contribution ID # 0008				
Residential Street Address	City	TLLICIA		State	Zip Code				
957 Platt St .	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	C.	1 00000				
TEACHER IN RESIDENCE			EVEMENT FIRST						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunding event insect in Section 71:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	23/2015	\$10.00		\$10.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying appropriate to Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
BROWNE  Residential Street Address	City	SABRINA		State	0009				
30 Rita Ave	City	Bridgeport		CT	Zip Code 06606				
Principal Occupation		Bridgeport  Name of Employ	er	Ci	00000				
MAIL CARRIER		USPS		_					
Is contributor a principal of a state contractor or prospective state contractor?	)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of  Executive Legislative		dependent enna c	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?  Yes  X Cash  Personal Check									
If yes, list Event #	01/	23/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
ROE	1 1100	JOSH			0010				
Residential Street Address	City			State	Zip Code				
955 Main St Apt 407		Bridgeport		СТ	06604				
Principal Occupation	•	Name of Employ	er	•					
TEACHER		ACHIE	EVEMENT FIRST						
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?						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?									
If yes, list Event #   X No   X Cash   Personal Check   Money Order   Credit/Debit Card	01/	23/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
VILLALOBOS	First	JESSICA		IVII	0011				
Residential Street Address	City			State	Zip Code				
262 Priscilla St .		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
LUNCH LADY		BOE							
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?									
If yes, list Event #   X No   X Cash   Personal Check   Money Order   Credit/Debit Card	01/	23/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
MONTEZUMA	11130	CARLOS		1411	0048				
Residential Street Address	City			State	Zip Code				
299 Berkshire Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er	•	-				
TOW TRUCK DRIVER		AAA							
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:	-		X No	4					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	01 /	23/2015	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	23/2013	\$5.00		φ3.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Giant - Original					
Last Name	First			MI	Contribution ID #			
PEREZ		JUAN		J	0038			
Residential Street Address	City			State	Zip Code			
367 Bishop Ave		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
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	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/2	24/2015	\$5.00		\$5.00			
If yes, list Event #	,	.,,	7		45.55			
Last Name	First			MI	Contribution ID #			
LOPEZ		BRIAN			0243			
Residential Street Address	City			State	Zip Code			
715 Capitol Ave	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
PATIENT CARE ASSITNT			NCED RADIOLOGY					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with:  Executive Legislative		D : 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	24/2015	\$100.00		\$100.00			
If yes, list Event #	01/2	24/2015	Ψ100.00		<b>4100.00</b>			
Last Name	First			MI	Contribution ID #			
ROSARIO		ANGEL		V	0260			
Residential Street Address	City			State	Zip Code			
114 Caroline St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er					
PRODUCE CLERK			FOODS					
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	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	· —					
government the contract is with:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/2	24/2015	\$5.00		\$5.00			
If yes, list Event #	,	.,	7		70.00			
Last Name	First			MI	Contribution ID #			
GONZALEZ		MADELINE		М	0166			
Residential Street Address	City			State	Zip Code			
236 Hough Ave	<u> </u>	Bridgeport		СТ	06608			
Principal Occupation		Name of Employe	er					
			NCENT MEDICAL CNTR					
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	int of Contribution			
If yes, indicate which branch or branches of		dependent einid t						
government the contract is with:	Det	Pagaine 4						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No N	01/3	25/2015	\$10.00		\$10.00			
If yes list Event # 01302015A	1/ '	-,	420.00	ı	,			

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A MONETA DV DE CENTRO (C. d. A D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015 Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
BERROA		ESTHEFANY		С	0230				
Residential Street Address	City			State	Zip Code				
715 Capitol Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er						
		THE C	CHEESECAKE FACTORY						
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 <sub>No</sub>	]					
Is this contribution associated with a Method of contribution:  Yes  Wethod of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	01/2	25/2015	\$5.00		\$5.00				
3.9									
Last Name	First			MI	Contribution ID #				
AGULIAR		AISHA		Α	0228				
Residential Street Address	City			State	Zip Code				
10 Sullivan Pl	L	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
CASHIER		MCDC	NALDS						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			X No						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/2	25/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
ROSARIO		ALBERTO			0229				
Residential Street Address	City			State	Zip Code				
715 Capitol Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
UNEMPLOYED		UNEM	PLOYED						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent chira c	•						
government the contract is with:  Executive Legislative			x No	_					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	01/2	25/2015	\$5.00		\$5.00				
1									
Last Name	First			MI	Contribution ID #				
RAMOS		MARTIZA			0274				
Residential Street Address	City			State	Zip Code				
65 Bear Paw Rd	ļ	Stratford		СТ	06614				
Principal Occupation		Name of Employ							
ELIGIBILITY SPECIALIST			EPT SOCIAL SERVICES						
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		arp and only o	x No						
government the contract is with:  Executive Legislative		D : 1		4					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
x No Personal Check		25/2015	450.00		+50.00				
If yes, list Event # Money Order Credit/Debit Card	01/2	25/2015	\$50.00		\$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									
Dejesus 2015  Itemized Statement accompan					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
SANTIAGO		BRYAN		Α	0236				
Residential Street Address	City			State	Zip Code				
174 East Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
MODEL			COMBIE & FITCH STMFD						
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	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia (							
government the contract is with:	В.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	25/2015	\$25.00		\$25.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	23/2013	\$23.00		\$23.00 				
Last Name	First			MI	Contribution ID #				
SANTIAGO		MILAGROS			0237				
Residential Street Address	City			State	Zip Code				
174 East Ave		Bridgeport		СТ	06610				
Principal Occupation	•	Name of Employ	er		•				
UNEMPLOYED									
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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	25/2015	\$25.00		\$25.00				
T. AV	Б			L	Louis B"				
Last Name BURGOS	First	WANDA		MI	Contribution ID #				
Residential Street Address	City	WANDA		State	Zip Code				
260 N Bishop Ave	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	C.	1 00010				
UNEMPLOYED		1 ,							
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	-						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	25/2015	\$100.00		\$100.00				
T. O.	Б								
Last Name KUCZO	First	SABINE		MI	Contribution ID # 0122				
Residential Street Address	City	SADINL		State	Zip Code				
255 Harlem Ave	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
PROGRAM MANAGER			OF BRIDGEPORT						
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	or a robbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	25/2015	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
HERNANDEZ		GILBERT		J	0162				
Residential Street Address	City			State	Zip Code				
230 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation TRUCK DRIVER		Name of Employ	er OF BRIDGEPORT						
			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	*						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01302015A No San Sensor Personal Check  No Money Order Credit/Debit Card	01/	25/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
HERNANDEZ	11130	GILBERTO		P	0158				
Residential Street Address	City	GILDLINIO		State	Zip Code				
225 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation	•	Name of Employ	er	•	•				
RETIRED				-					
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		n	x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?    X Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	01/	25/2015	\$50.00		\$50.00				
If yes, list Event # 01302015A	01/	23, 2013	Ψ30.00						
Last Name	First			MI	Contribution ID #				
HERNANDEZ		CARMEN		G	0159				
Residential Street Address	City			State	Zip Code				
225 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
RETIRED		T							
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.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?    X Yes     Method of contribution:   Yes									
If yes, list Event # 01302015A No No Cash Personal Check    Money Order   Credit/Debit Card	01/	25/2015	\$10.00		\$10.00				
in year, in 27 cm. O150120151				<u> </u>					
Last Name	First			MI	Contribution ID #				
RODRIQUEZ	C'i	JOSE		Gr. r	0135				
Residential Street Address  596 Pembroke St .	City	Bridgeport		State CT	Zip Code 06608				
Principal Occupation		Name of Employ	er	Ci	00000				
MAINTENANCE			HERNANDEZ						
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	U	dependent child of	or a robbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X   No   D   Personal Check	01 /	25/2015	<b>*</b> F 00		¢E 00				
If yes, list Event #	01/	25/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015  Itemized Statement accompanying application  Grant - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
ROMAN		JENNIPHER			0130			
Residential Street Address	City			State	Zip Code			
499 Arctic St .	L	Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
HOMEMAKER/HOME COMPANION  Is contributor a principal of a state contractor or prospective state contractor?			ST FAMILY 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	Vac	Aillot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	25/2015	\$5.00		\$5.00			
L AV	F: .				I c . i . i . i . ii . ii .			
Last Name MCCARTHY	First	CATHERINE		MI P	Contribution ID # 0116			
Residential Street Address	City	CATHERINE		State	Zip Code			
130 E Eaton St .		Bridgeport		СТ	06604			
Principal Occupation	-	Name of Employ	er		!			
		RETIR	RED					
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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Z Cash Personal Check	01/	25/2015	\$5.00		\$5.00			
If yes, list Event #	01/.	23/2013	\$3.00		<b>\$3.00</b>			
Last Name	First			MI	Contribution ID #			
MCCARTHY		EDMUND		D	0117			
Residential Street Address	City			State	Zip Code			
130 E Eaton St .	<u> </u>	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
MEAT CUTTER			& SHOP INC.					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  X Cash  Personal Check								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	25/2015	\$5.00		\$5.00			
I and Name	E:t			\/I	Contribution ID #			
Last Name ROMAN	First	VANESSA		MI M	Contribution ID # 0123			
Residential Street Address	City	VAIVESSA		State	Zip Code			
2045 Park Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	•	•			
				•				
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 a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			30 -0					
If yes, list Event #	01/2	25/2015	\$5.00		\$5.00			

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A MONTH INVIDENCE OF THE ANALYSIS									
I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application for P  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
LEYSHACK		ROMAN		М	0143				
Residential Street Address	City			State	Zip Code				
2045 Park Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
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 <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event #	01/2	25/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
LOPEZ		AWILDA			0129				
Residential Street Address	City			State	Zip Code				
2045 Park Ave .		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
Leading to the state of the sta			OF BRIDGEPORT	A	ort 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?	Amou	nt of Contribution				
If yes, indicate which branch or branches of  Executive  Legislative		•	x <sub>No</sub>						
government the contract is with:	D-4-	D							
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	01/	25/2015	<b>#F.00</b>		<b>#F 00</b>				
If yes, list Event # Money Order Credit/Debit Card	01/.	25/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
ORTIZ ORTIZ	FIISt	ALEXANDER	10	IVII	0081				
Residential Street Address	City	ALLXANDER	JK.	State	Zip Code				
37 Hayes St .	City	Bridgeport		CT	06608				
Principal Occupation		Name of Employ	or	Ci	00000				
SALES ASSOCIATE		EBLEN							
			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  Executive  Legislative			x <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No X Cash Personal Check	01/2	25/2015	\$5.00		\$5.00				
If yes, list Event #			·		·				
Last Name	First			MI	Contribution ID #				
ORTIZ		ALEXANDER			0082				
Residential Street Address	City			State	Zip Code				
37 Hayes St		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
SALES/DELIVERY		FAIRF	TELD COUNTY VENDING						
Is contributor a principal of a state contractor or prospective state contractor?	)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/2	26/2015	\$5.00		\$5.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015  Itemized Statement accompany					ion for Public			
Grant - Original  B. Itemized Contributions from Individuals								
		iividuais		1.0	G (7 ( ID#			
Last Name PATAKY	First	BRYAN		MI S	Contribution ID # 0102			
Residential Street Address	City			State	Zip Code			
93 Gurdon St .	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er					
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	Б.	D : 1	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	26/2015	\$25.00		\$25.00			
If yes, list Event #	01/	20,2013	Ψ23.00		<del></del>			
Last Name	First			MI	Contribution ID #			
GETER-PATAKY		WANDA		L	0103			
Residential Street Address	City			State	Zip Code			
93 Gurdon St .		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er					
		CITY	OF BPT					
Is contributor a principal of a state contractor or prospective state contractor?	n		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 a Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	01/	26/2015	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
ROBERTS	11130	TASHEEDAH		K	0108			
Residential Street Address	City			State	Zip Code			
83 Laurel Pl		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
ATTORNEY		BRAD	LEY LAW FIRM					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes  Method of contribution:	Date	Received	Aggregate Contributions					
X No Rersonal Check	01/	26/2015	#100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	26/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
SOTO		REYES		М	0165			
Residential Street Address	City			State	Zip Code			
234 Hough Ave		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er		•			
				1				
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	nt of Contribution			
If yes, indicate which branch or branches of  Executive  Legislative			x No					
government the contract is with:	Det	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	received	regregate Continuations					
No Sash Personal Check	01/	26/2015	\$10.00		\$10.00			
If yes, list Event # 01302015A	I 🐃	,	Ψ10.00	1	T = 0.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
HERNANDEZ		CARMEN		М	0167				
Residential Street Address	City			State	Zip Code				
234 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
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 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 a fundraising event listed in Section J1?    X Yes	Date	Received	Aggregate Contributions						
No Service And Advanced In Section 1997	01/	06/201F	¢10.00		¢10.00				
If yes, list Event # 01302015A	01/.	26/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
RODRIGUEZ		JOSE		L	0168				
Residential Street Address	City			State	Zip Code				
234 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
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 <sub>No</sub>						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # 01302015A No South Cash Personal Check Money Order Credit/Debit Card	01/	26/2015	\$10.00		\$10.00				
If yes, list Event # 01302015A									
Last Name	First			MI	Contribution ID #				
BAPTISTA		ALBERTO			0192				
Residential Street Address	City	Duideeset		State	Zip Code				
145 Robin St Principal Occupation		Bridgeport Name of Employ	or	СТ	06606				
DEP. DIRECTOR HEALTH			OF BRIDGEPORT						
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:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	26/2015	#10.00		±10.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	26/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
FLORES		MARIA			0163				
Residential Street Address	City			State	Zip Code				
227 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
OFFICE MANAGER			FOODS	A					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:  Is this contribution associated with a fundamining event listed in Section 112.  X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01302015A No No Cash Personal Check Money Order Credit/Debit Card	01/	26/2015	\$10.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<del>5 (5</del> (	ection A-1)	TYPE OF REPORT						
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
СОТТО		ABIGAIL			0164				
Residential Street Address	City			State	Zip Code				
68 Sherman Park Cir		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er						
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 a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tundralsing event listed in Section 31?									
□ No □ □	01/	26/2015	\$10.00		\$10.00				
If yes, list Event # 01302015A	<b> </b>								
Last Name	First			MI	Contribution ID #				
JOHNSON		MARQUIS		В	0226				
Residential Street Address	City			State	Zip Code				
30 Stevens St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		•				
UNEMPLOYED		UNEM	IPLOYED						
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 Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	•					
fundraising event listed in Section J1?									
X No Cash Personal Check	01/	27/2015	\$5.00		\$5.00				
If yes, list Event #	01/.	27/2015	Ψ5.00		ψ3.00				
Last Name	First			MI	Contribution ID #				
TORRES	1 1150	EDDY			0286				
Residential Street Address	City	LDD1		State	Zip Code				
482 Franklin Ave	City	Pridagnort		CT	06614				
Principal Occupation		Bridgeport	on.	Ci	00014				
OWNER		Name of Employ	ei DADDY DELI						
				Amou	int 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:	Doto	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check	01/	27/201E	\$100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	27/2015	\$100.00		\$100.00				
1.00	г				G (1 ( ID#				
Last Name	First	WILEDEDO		MI	Contribution ID #				
CHANHOVIER	O.	WILFREDO		a	0136				
Residential Street Address	City			State	Zip Code				
178 Clarence St .		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
			IPLOYED						
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 ennu (	x No						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	27/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
ORTIZ		RAUL			0137			
Residential Street Address	City			State	Zip Code			
596 Pembroke St Fl 1 , ROOM 2		Bridgeport		СТ	06608			
Principal Occupation		Name of Employe	er	-				
		UNEM	PLOYED					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or  of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Zash Personal Check	01/2	27/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
MCCARTHY		THOMAS		С	0120			
Residential Street Address	City			State	Zip Code			
135 Harlem Ave	L	Bridgeport		СТ	06606			
Principal Occupation		Name of Employe						
DEPUTY DIRECTOR OR LABOR RELATIONS			OF BRIDGEPORT					
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:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Built	10001100	riggiogate contributions					
X No Cash X Personal Check	01/2	27/2015	\$100.00		\$100.00			
If yes, list Event #		,	,					
Last Name	First			MI	Contribution ID #			
ZUNIGA		MADELEINE			0107			
Residential Street Address	City			State	Zip Code			
944 Fairfield Ave	L.,	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
ACCOUNT			OLUTIONS					
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>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1-88-18					
X No Personal Check	01/2	27/2015	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
HARDY		JAMES			0109			
Residential Street Address	City			State	Zip Code			
944 Fairfield Ave	L	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
ATTORNEY			Y LAW GROUP					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		similar	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	1.0001100						
X No Personal Check	01/2	27/2015	\$100.00		\$100.00			
If yes_list Event #   Money Order   Credit/Debit Card	i							

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying a Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
ROMERO		ESTEBAN			0114				
Residential Street Address	City			State	Zip Code				
211 Arctic St .	L	Bridgeport		СТ	06608				
Principal Occupation  RETIRED		Name of Employ	er PLOYED						
			11 1 ·	Amou	int of Contribution				
Yes X No	o	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 a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	28/2015	\$5.00		\$5.00				
L AV	F: .								
Last Name  ROMERO	First	YESID		MI S	Contribution ID # 0115				
Residential Street Address	City	TESID		State	Zip Code				
211 Arctic St .		Bridgeport		CT	06608				
Principal Occupation	-	Name of Employ	er		<u>!</u>				
SALES MANAGER		AUTO	ZONE						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	28/2015	\$5.00		\$5.00				
If yes, list Event #	01/.	20/2013	\$3.00		\$5.00 				
Last Name	First			MI	Contribution ID #				
GONZALES		ALICASHA			0219				
Residential Street Address	City			State	Zip Code				
137 Black Rock Ave	<u> </u>	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
NONE		NONE		A	ont of Countribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	V	Amou	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 a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  X Cash  Personal Check									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	28/2015	\$5.00		\$5.00				
I and Name	E:t			\/I	Contribution ID #				
Last Name MARTINEZ	First	BRANDON		MI	0232				
Residential Street Address	City	DIGHTOON		State	Zip Code				
72 Lewis St		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er	-					
		UNEM	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	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		,	x No						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			55 -5						
If yes, list Event #	01/2	28/2015	\$10.00		\$10.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Dejesus 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
MARTINEZ	1 1150	BRIANA			0233			
Residential Street Address	City			State	Zip Code			
72 Lewis St		Bridgeport		СТ	06606			
Principal Occupation	_	Name of Employ	er		1			
CASHIER		DUNK	IN DONUTS					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  General Laborate Yes	Amou	unt of Contribution			
If was indicate which branch or branches of		dependent child of	if a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check		20/2015	440.00					
If yes, list Event # Money Order Credit/Debit Card	01/2	28/2015	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
RIVERA	FIISt	MARIBEL		IVII	0231			
Residential Street Address	City	MARTIDEE		State	Zip Code			
485 Hallett St		Bridgeport		СТ	06608			
Principal Occupation	_	Name of Employ	er	<u>                                     </u>				
CNA		COMP	ANION & HOMEMAKERS					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	dependent child of	if a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	28/2015	\$10.00		\$10.00			
				l . <i></i>	Laurin			
Last Name SEAK	First	LEE		MI	Contribution ID # 0263			
Residential Street Address	City	LCC		State	Zip Code			
144 Terry Pl	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employe	er	C.	1 00000			
ACCOUNTANT			TAYLOR					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 N	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	28/2015	\$5.00		\$5.00			
	L .			l				
Last Name	First	FDCABBO		MI	Contribution ID #			
RIVERA	City	EDGARDO		C+-+-	0267			
Residential Street Address  1048 Pembroke St	City	Bridgeport		State CT	Zip Code 06608			
Principal Occupation	<u> </u>	Name of Employe	er		00000			
PAINTER			NTAGE GRAPHIC					
			obbyjet enouge or	Amou	ant of Contribution			
Yes X N	o	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tulidialising event insection 31:	I							
If yes, list Event # Cash Personal Check  No Money Order Credit/Debit Card	01/2	28/2015	\$5.00		\$5.00			

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Defection 2015  Itemized Statement accompanying application for Public									
Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
CRUZ		JOSHUA			0268				
Residential Street Address	City			State	Zip Code				
2076 Boston Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
DETAILING ROAD READY USED CARS									
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes Amo	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:				lo					
Is this contribution associated with a Method of contribution:  Section 112  Yes	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
If yes, list Event #	01/2	28/2015	\$5.00		\$5.00				
3.9									
Last Name	First			MI	Contribution ID #				
NEGRON JR.		JOSE		S	0216				
Residential Street Address	City			State	Zip Code				
30 Cole St		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
		NONE							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Tes Amo	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:			x 1	lo					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event #	01/2	28/2015	\$5.00		\$5.00				
3.9									
Last Name	First			MI	Contribution ID #				
ZAPATA		CHELSEA			0193				
Residential Street Address	City			State	Zip Code				
262 Harral Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or	Yes Amo	unt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (	•						
government the contract is with:  Executive Legislative			x 1	lo					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/2	28/2015	\$5.00		\$5.00				
				_					
Last Name	First			MI	Contribution ID #				
ZAPATA		JOSEPH			0214				
Residential Street Address	City			State	Zip Code				
262 Harral Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	$\overline{}$		obbyist, spouse, or	Amo	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 N	Io					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7					
rundraising event listed in Section J1?									
If yes, list Event #	01/2	28/2015	\$5.00		\$5.00				

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I, MONETARY RECEIP	TS (Se	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan	ying applicat	on for Public			
B. Itemized Contributions from Individuals								
Last Name	First	ii ( iuuui 5		MI	Contribution ID #			
ZAPATA	1 1130	DIANNA		1411	0215			
Residential Street Address	City			State	Zip Code			
262 Harral Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employe	er					
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	140	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundaciona event licted in Section 112	Date	Received	Aggregate Contributions					
Turndraising event fisted in Section 31?    X   Cash   Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/	28/2015	\$5.00		\$5.00			
Last Name	Б			) d	G (3 ( B)			
ZAPATA	First	JOSE		MI	Contribution ID # 0213			
Residential Street Address	City	JUSE		State	Zip Code			
1261 Noble Ave	City	Bridgeport		CT	06608			
Principal Occupation	_	Name of Employe	er	<u> </u>	00000			
.1								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
	No	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event listed in Section 31:								
If yes, list Event #	01/	28/2015	\$5.00		\$5.00			
	<u> </u>							
Last Name	First			MI	Contribution ID #			
MARIN	C''	MIGUEL		A	0245			
Residential Street Address	City	Pridagnort		State CT	Zip Code 06608			
306 Huntington Rd Principal Occupation		Bridgeport  Name of Employe	er	CI	00008			
RECORDS CLERK			NCED RADIOLOGY					
T			obbyist, spouse, or	Amou	nt 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 a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event instead in Section 31:								
If yes, list Event #	01/	28/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
MARRERO	o:	WILFREDO		g	0200			
Residential Street Address	City	Pridagnort		State CT	Zip Code			
744 Hancock Ave Principal Occupation		Bridgeport Name of Employe	or	CI	06605			
CUSTODIAL			OF BRIDGEPORT					
			obbyict chance or	Amou	nt of Contribution			
Yes	No	dependent child o	Vac	1 222700				
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 Guerrician Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event instead in Section 31:								
If yes list Event # Cash Personal Check	01/	29/2015	\$5.00		\$5.00			

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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					Control D. L.P.
Dejesus 2015			Itemized Statement accompan Grant - Original	iying applicat	on for Public
B. Itemized Contributions from	n Ind	lividuals	Trains Criginal		
Last Name	First			MI	Contribution ID #
ROSARIO		JOEL			0244
Residential Street Address	City			State	Zip Code
114 Caroline St		Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		
SPECIALIST		BIG Y	FOODS		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or  If a lobbyist?  Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of  Executive Legislative		dependent enna e	x <sub>No</sub>		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event #   X No   X Cash   Personal Check   Money Order   Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00
<b>.</b>	l			l	
Last Name	First			MI	Contribution ID #
MATOS		ELIZABETH		M	0250
Residential Street Address	City			State	Zip Code
247 Willow St	<u> </u>	Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
ELIGIBILITY SPECIALIST			ED HEALTH CARE	۸	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	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		
fundraising event listed in Section J1?	Bute	Received	riggiogate Contributions		
X No X Cash Personal Check	01/3	29/2015	\$100.00		\$100.00
If yes, list Event #	01/2	25/2015	Ψ100.00		Ψ100.00
Last Name	First			MI	Contribution ID #
ORTEGA		MARTHA			0153
Residential Street Address	City			State	Zip Code
400 Kent Ave		Bridgeport		СТ	06610
Principal Occupation	<u> </u>	Name of Employ	er	•	
UNEMPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  Yes	Amou	nt of Contribution
If we sindicate which branch or branches of	5	dependent child of	i a lobbyist:		
government the contract is with:			x <sub>No</sub>		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
Tunidiaising event listed in Section 31?					
If yes, list Event # 01302015A	01/2	29/2015	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
JONES	First	DEMETRIUS		IVII	0154
Residential Street Address	City	DEFICINGS		State	Zip Code
71 Waterman St	City	Bridgeport		CT	06607
Principal Occupation	<u>'                                    </u>	Name of Employe	er	<u> </u>	-
UNEMPLOYED			-		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?		
government the contract is with:  Executive Legislative			x <sub>No</sub>		
Is this contribution associated with a	Date	Received	Aggregate Contributions		
Tunidiaising event risted in Section 31?					
If yes list Event # 01302015A No Money Order Credit/Debit Card	01/2	29/2015	\$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								
Dejesus 2015  Itemized Statement accompanying app Grant - Original								
B. Itemized Contributions from	m Ind	lividuals	•					
Last Name MASON	First	STELLA		MI	Contribution ID # 0209			
Residential Street Address	City			State	Zip Code			
277 Kent Ave		Bridgeport		СТ	06610			
Principal Occupation  RETIRED		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		асренает стпа с	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #     X   No     X   Cash   Personal Check     Money Order   Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
SANTOS	list	CARLOS		1411	0262			
Residential Street Address	City			State	Zip Code			
108 Caroline St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	-	•			
			IPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		<b>F</b>	x <sub>No</sub>					
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1-88-98-10					
If yes, list Event #   X   No   X   Cash   Personal Check   Money Order   Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
BURGOS		HERNAN			0249			
Residential Street Address	City			State	Zip Code			
260 N Bishop Ave	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation  MACHINIST		Name of Employ	er NTAGE SHEET METAL					
			obbyist snouse or	Amor	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 <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 11?								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
COLON		ROSA			0261			
Residential Street Address	City			State	Zip Code			
485 Hallett St	١.,	Bridgeport		СТ	06608			
Principal Occupation		Name of Employ UNEM	er IPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event risted in Section 11?								
No Cash Personal Check	01/2	29/2015	\$5.00		\$5.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015  Itemized Statement accompanying application					on for Public			
Grant - Original  B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
SANTIAGO	FIISt	MIRELYS		A	0242			
Residential Street Address	City			State	Zip Code			
174 East Ave		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
UNEMPLOYED								
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	nt of Contribution			
If yes, indicate which branch or branches of  Executive Legislative		aepenaem emia (	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?  Yes  X  Cash  Personal Check								
If yes, list Event # Cash Personal Check    X   No	01/	29/2015	\$50.00		\$50.00			
				l				
Last Name	First			MI	Contribution ID #			
CHAPPELL		TWANA			0289			
Residential Street Address	City	5		State	Zip Code			
639 Bishop Ave	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
PATIENT CARE ASSISTANT  Is contributor a principal of a state contractor or prospective state contractor?			NCED RADIOLOGY obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child of	Vac	7 tinou	nt of Controlation			
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					
fundraising event listed in Section J1?								
If yes, list Event #   X   Cash   Personal Check   Money Order   Credit/Debit Card	01/	29/2015	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
ROMERO	1 1150	GLORIA			0111			
Residential Street Address	City			State	Zip Code			
211 Arctic St .		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er					
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	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					
fundraising event listed in Section J1?	Dute	10001100	riggregate contributions					
If yes, list Event #	01/	29/2015	\$5.00		\$5.00			
T. W	F: .			\	C + 7 + 5 - 10 #			
Last Name RIVERA	First	OLGA		MI	Contribution ID # 0145			
Residential Street Address	City	OLGA		State	Zip Code			
44 Edwin St	City	Bridgeport		CT	06607			
Principal Occupation		Name of Employ	er					
RETIRED								
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	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date							
If yes, list Event # 01302015A No Solution No	01/	29/2015	\$25.00		\$25.00			

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A MONTH DAY DE GENERAL OF A 1 A 1									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application of the statement accompanying accompanying application of the statement accompanying application of the statement accompanying acco									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DIAZ		SANTOS			0146				
Residential Street Address	City			State	Zip Code				
44 Edwin St		Bridgeport		CT	06607				
Principal Occupation		Name of Employ	er						
RETIRED				_					
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 a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidasing event issed in Section 31:									
If yes, list Event # 01302015A	01/	29/2015	\$25.00		\$25.00				
If yes, list Event # OIJO2013A Money Order Card									
Last Name	First			MI	Contribution ID #				
FOLDY		TOM			0104				
Residential Street Address	City			State	Zip Code				
79 Tesiny Cir .		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-	•				
C.S.M		SELF							
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 a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
X No T	01/	29/2015	\$20.00		\$20.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
GRAHAM		RYAN		С	0105				
Residential Street Address	City			State	Zip Code				
437 Wayne St .		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	•					
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 a	Date	Received	Aggregate Contributions						
Tankaransing event insect in Section 71:									
X No T	01/	29/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
IOVINO		MICHAEL			0106				
Residential Street Address	City			State	Zip Code				
32 Aldo St .		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	•	•				
TEACHER		CITY	OF BRIDGEPORT						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	]					
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    No	01/	29/2015	\$5.00		\$5.00				
j, Credit/Debit Cald									

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A MONTH INVIDENCE OF THE ANALYSIS									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application for Pu  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
BLACK		TERESA			0139				
Residential Street Address	City			State	Zip Code				
270 Bronson Rd .		Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
CASHIER		MARK	ET BASKET						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Gundroicing event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidraising event insection 31:									
If yes, list Event # Cash Credit/Debit Card	01/	29/2015	\$50.00		\$50.00				
Noney Order Card									
Last Name	First			MI	Contribution ID #				
PEREZ		LUIS		F	0132				
Residential Street Address	City			State	Zip Code				
51 Evers Ct .		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
RETIRED		RETIF	RED						
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 a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
X No T	01/	29/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
CASTILLO		SIMON			0110				
Residential Street Address	City			State	Zip Code				
555 Maplewood Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
PASTOR		G00E	SHEPHARD CHURCH						
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 a	Date	Received	Aggregate Contributions						
Tankarassing event insect in Section 71:									
X No T	01/	29/2015	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
SANTIAGO		SONIA			0112				
Residential Street Address	City			State	Zip Code				
730 Palisade Ave Apt C11		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
HOUSEWIFE		UMEM	1PLOYED						
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 a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check    No	01/	29/2015	\$5.00		\$5.00				
j.u., Credit/Debit Card									

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I MONETADY DECEIPTS (Section A. I.)								
I. MONETARY RECEIPTS (Section A-I)  NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
TOSADO		JUAN		М	0113			
Residential Street Address	City			State	Zip Code			
490 Center St .		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
HOME		UNEM	IPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	01/	29/2015	\$5.00		\$5.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
PADIN		ALVERTO			0124			
Residential Street Address	City			State	Zip Code			
733 E Main St .		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	-				
		UNEM	IPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt 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 <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section J1?								
X No T	01/	29/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
ZAMOT		DIALY		Е	0128			
Residential Street Address	City			State	Zip Code			
733 E Main St .		Bridgeport		СТ	06608			
Principal Occupation	•	Name of Employ	er	•				
UNEMPLOYED		UNEM	IPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tandarassing event insect in Section 71:								
X No	01/	29/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
COOPER		JIMEESHA			0147			
Residential Street Address	City			State	Zip Code			
65 Read St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	•				
CNA			ND HOME CARE					
			obbyist, spouse, or	Amou	nt 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:  Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			-					
No X Cash Personal Check	01/	29/2015	\$25.00		\$25.00			
If yes, list Event # 01302015A	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									
Dejesus 2015  Itemized Statement accompanying application for Public  Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
BAEZ		KATARINA		L	0125				
Residential Street Address	City	5.1		State	Zip Code				
1450 Seaview Ave	<u> </u>	Bridgeport  Name of Employ	ON .	СТ	06607				
Principal Occupation STUDENT		STUD							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or  Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	ł					
fundraising event listed in Section J1?			1-88-184-1						
If yes, list Event #   X   No   X   Cash   Personal Check   Money Order   Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
BAEZ		EDWARD			0126				
Residential Street Address	City			State	Zip Code				
1450 Seaview Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er	•					
TRUCK DRIVER			IPLOYED						
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 government the contract is with:  Executive Legislative		dependent enna e	x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Inducatising event fisted in Section 11?    X   No	01/2	29/2015	\$5.00		\$5.00				
If yes, list Event#				<u> </u>					
Last Name	First			MI	Contribution ID #				
BAEZ		NANCY			0127				
Residential Street Address	City			State	Zip Code				
1450 Seaview Ave	<u> </u>	Bridgeport Name of Employ		СТ	06607				
Principal Occupation SECRETARY		1 ,	ENGLAND INVESTMENT LLC						
				Amor	ant of Contribution				
Yes 🔼 N	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidiasing event instead in Section 71?									
If yes, list Event #	01/2	29/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
HERNANDEZ		JUAN			0121				
Residential Street Address	City			State	Zip Code				
585 E Main St .		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
RETIRED		RETIR		<del> </del>					
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	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	1					
fundraising event listed in Section J1?  Yes  Cash  Personal Check									
If yes, list Event # Cash Cash Personal Check  No Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				

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I MONETADY DECEIDTS (Section A.D.								
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Dejectives 2015  Itemized Statement accompanying application for Public								
Grant - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
KARAFA		JOHN			0131			
Residential Street Address	City			State	Zip Code			
525 Palisade Ave		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
		RETIR	RED					
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 a Method of contribution:  Yes  Wethod of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00			
3.9								
Last Name	First			MI	Contribution ID #			
WILSON		ANTHONY			0144			
Residential Street Address	City			State	Zip Code			
393 Laurel Ave	L	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
RETIRED		STATE	OF CONNECTICUT					
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 a fundraicing event listed in Section 112.	Date	Received	Aggregate Contributions					
X Cash Personal Chack								
If yes, list Event # 01302015A	01/3	30/2015	\$5.00		\$5.00			
3.5, 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.								
Last Name	First			MI	Contribution ID #			
MARTINEZ		LYDIA		N	0191			
Residential Street Address	City			State	Zip Code			
92 Grant St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna c	*					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 01302015A Cash Credit/Debit Card	01/3	30/2015	\$25.00		\$25.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
PAOLETTO		SUE			0183			
Residential Street Address	City			State	Zip Code			
321 Lynne Pl		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
SECRETARY			OF BRIDGEPORT					
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		arp and only o	x No					
government the contract is with:  Executive Legislative	Б.	D . 1						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Cook X Powered Cheek		20/2015	<b></b>		+50.00			
If yes, list Event # 01302015A	01/3	30/2015	\$50.00		\$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								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicati	on for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
PAOLETTO JR.		RICHARD		М	0184			
Residential Street Address	City			State	Zip Code			
321 Lynne Pl		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
HOUSING INSPECTOR			OF BRIDGEPORT					
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 <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
Is this contribution associated with a fundraising event listed in Section J1?								
If yes, list Event # 01302015A	01/	30/2015	\$50.00		\$50.00			
Indicy order Creatibles Continued								
Last Name	First			MI	Contribution ID #			
PAOLETTO	G:	ANTHONY		R	0185			
Residential Street Address	City	Duideanaut		State CT	Zip Code 06610			
321 Lynne Pl Principal Occupation		Bridgeport Name of Employ	er	CI	00010			
DOCKMAN			GEPORT FERRY COMPANY					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event listed in Section 31:								
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/	30/2015	\$100.00		\$100.00			
					T			
Last Name WONG	First	DOCE		MI	Contribution ID #			
Residential Street Address	City	ROSE		M State	0190 Zip Code			
150 Boston Ave	City	Stratford		CT	06614			
Principal Occupation		Name of Employ	er					
SOCIAL SERVICES		DEPT	OF AGING					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	)	dependent child of	•					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check		20/2015	405.00					
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/.	30/2015	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
MANOS		LINDA			0178			
Residential Street Address	City			State	Zip Code			
4 Harbourview Pl		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er	-	•			
SECRETARY		SHEP	RO & HAWKINS ATTY					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or  of a labbyist?  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	Б.	D i 4						
Is this contribution associated with a fundraising event listed in Section J1?  X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	01/	30/2015	\$100.00		\$100.00			
If yes, list Event # 01302015A	51/.	30/2013	\$100.00		Ψ100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DIAZ		HECTOR			0177				
Residential Street Address	City			State	Zip Code				
34 Arthur St	<u> </u>	Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
SALESMAN  Is contributor a principal of a state contractor or prospective state contractor?			OI INDOOR AUTO obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	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 a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/	30/2015	\$25.00		\$25.00				
				l					
Last Name	First			MI	Contribution ID #				
OSBORNE JR.	G:	LAWRENCE		E	0174				
Residential Street Address	City	Duideanaut		State	Zip Code				
40 Edna Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	06610				
DIRECTOR LAB RELATION			OF BRIDGEPORT						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X N	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 01302015A No Season Credit/Debit Card	01/	30/2015	\$5.00		\$5.00				
	L .			! !					
Last Name DIAZ	First			MI	Contribution ID #				
Residential Street Address	City	KEVIN		R State	O182 Zip Code				
139 Dover St	City	New Haven		CT	06513				
Principal Occupation		Name of Employ	er	1 9.	1 00010				
CLERK		NHRC	PC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:	l								
If yes, list Event # 01302015A No San Sensor Personal Check  No Money Order Credit/Debit Card	01/	30/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
MEDINA	1 1130	ELIJAH		W	0235				
Residential Street Address	City	-		State	Zip Code				
466 Hollister St # B21		Stratford		СТ	06615				
Principal Occupation	•	Name of Employ	er		•				
STUDENT									
Is contributor a principal of a state contractor or prospective state contractor?	o		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 <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	017	30/2015	\$10.00		\$10.00				
If yes, list Event #	"	50/2015	φ±0.00	1	410.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Dejesus 2015 Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
GONZALEZ		STEPHANIE		L	0241				
Residential Street Address	City			State	Zip Code				
97 Bradley St		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er						
STUDENT									
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:			x <sub>No</sub>						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  Yes    X   Cash   Personal Check   Personal C									
X No Total Cited	01/	30/2015	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
RUIZ		MARLENE		В	0288				
Residential Street Address	City			State	Zip Code				
79 McGrath Ct	L	Stratford		СТ	06615				
Principal Occupation		Name of Employ	er GEPORT TOWERS LLC						
RESIDENTIAL COORDINATOR  Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	Vac	7 111100	an or commount				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  X Cash  Personal Check									
If yes, list Event #	01/	30/2015	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
RASARIO		EVETT			0221				
Residential Street Address	City			State	Zip Code				
183 Black Rock Ave	<u> </u>	Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Yes A No	0	dependent child of	3/						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00				
[					Laurene				
Last Name LUNA	First	ESTER		MI	Contribution ID # 0201				
Residential Street Address	City	LOTER		State	Zip Code				
730 Palisades Ave Unit 7		Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
		RETIR	RED						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:  Executive Legislative	-		X No						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	01/	30/2015	\$5.00		\$5.00				
If yes, list Event #	01/.	50/2015	φ3.00		43.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying application  Grant - Original					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
COLON		LUIS		R	0204				
Residential Street Address	City			State	Zip Code				
744 Hancock Ave Fl 3	<u> </u>	Bridgeport		СТ	06605				
Principal Occupation PAINTER		Name of Employ	er NIAL COATINGS						
			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00				
	L			l					
Last Name	First			MI	Contribution ID #				
ALMODOVAR Residential Street Address	City	ELIASER		M State	0227 Zip Code				
113 Birdsey St	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
STUDENT									
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 a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	01/	20/2015	<b>*</b> F 00		<b>45.00</b>				
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
ALMODOVAR		HECTOR		j	0238				
Residential Street Address	City			State	Zip Code				
113 Birdsey St		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
SHOP CLERK			ZE POINT AUTO SHOP						
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 No						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?  Yes  X Cash  Personal Check									
X   No   X   Cash   Personal Check   If yes, list Event #	01/	30/2015	\$25.00		\$25.00				
I you, is a treat of the control of									
Last Name	First			MI	Contribution ID #				
MEJIA		NOEMI		_	0253				
Residential Street Address  113 Birdsey St	City	Pridagnort		State CT	Zip Code 06610				
Principal Occupation	<u> </u>	Bridgeport  Name of Employ	er	Ci	00010				
CASE MANAGER			OF BRIDGEPORT, BOE						
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	a loodyist?						
government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?    X   No		00/001-							
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2015	\$100.00	ĺ	\$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						
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
ALMODOVAR		HECTOR		М	0255				
Residential Street Address	City			State	Zip Code				
113 Birdsey St		Bridgeport		СТ	06610				
Principal Occupation PAINT SHOP CLERK		Name of Employ	er ED RENTALS						
			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							
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X No Personal Check	04.0	20/2015	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
ALMONTE		LORENA			0251				
Residential Street Address	City			State	Zip Code				
446 Hollister St # B21		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er						
MENTAL HEALTH ASSTNT			OF CT DHMAS	•					
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 <sub>No</sub>						
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 -8						
X No Cash Personal Check	01/	30/2015	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
SIERRA		JAZZMIN			0254				
Residential Street Address	City	D.: 1		State	Zip Code				
69 Bick Ter Principal Occupation	<u> </u>	Bridgeport Name of Employ	or	СТ	06604				
ADMINISTRATIVE ASSTNT		1 ,	r Engineering						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	· · · · · · · · · · · · · · · · · · ·						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>						
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions						
X   No   X   Cash   Personal Check		20/2015	4400.00						
If yes, list Event # No Money Order Credit/Debit Card	01/.	30/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
NELSON		MICHELLE			0277				
Residential Street Address	City			State	Zip Code				
276 Myrtle Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
PARENT AIDE			OF BRIDGEPORT BOE						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X   No   X   Cash   Personal Check   If yes, list Event #	01/	30/2015	\$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								
Dejesus 2015  Itemized Statement accompanying application for Po					on for Public			
Grant - Original  B. Itemized Contributions from Individuals								
	_	iividuais		1				
Last Name	First	DAVITO		MI	Contribution ID #			
ULLRICH		DAVID		М	0212			
Residential Street Address	City	5		State	Zip Code			
277 Kent Ave		Bridgeport		СТ	06610			
Principal Occupation  TOOL MAKER		Name of Employ SIKO						
					nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	dependent child of	obbyist, spouse, or  Yes  Yes	Amou	nt 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 fundamental section 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
Ŭ No │☐ ☐	01/3	30/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
WAY		MICHAEL		J	0210			
Residential Street Address	City			State	Zip Code			
12 Garden St Apt 316		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
		RETIF	RED					
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 a Social H2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/3	30/2015	\$5.00		\$5.00			
				l				
Last Name	First			MI	Contribution ID #			
RAMOS		JUAN		А	0217			
Residential Street Address	City			State	Zip Code			
130 State St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
OPERATOR MACHINE			ROE STAFFING					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with:  Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Personal Check	01/	30/2015	\$5.00		\$5.00			
If yes, list Event #	01/.	30/2013	<b>43.00</b>		\$5.00			
Last Name	First			MI	Contribution ID #			
RUIZ		JANET			0172			
Residential Street Address	City			State	Zip Code			
296 Birdseye St		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er	!				
INSURANCE PRODUCER			NGO INSURANCE					
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 a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # 01302015A Solution If yes a list Event # 01302015A Soluti	01/3	30/2015	\$20.00		\$20.00			

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	I TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT									
Dejesus 2015  Itemized Statement accompanying a Grant - Original					on for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
BURGOS		WILLIAM			0173				
Residential Street Address	City			State	Zip Code				
296 Birdseye St		Bridgeport		СТ	06615				
Principal Occupation		Name of Employ	er						
FOREMAN			/ PAVING CO						
			obbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?  Yes  No	0	dependent child o	3/	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>						
government the contract is with:	Doto	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Sash Personal Check	01/	20/2015	<b>4F.00</b>		<b>*</b> F 00				
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/.	30/2015	\$5.00		\$5.00				
1	·								
Last Name	First			MI	Contribution ID #				
DURANGO		FABIAN			0175				
Residential Street Address	City			State	Zip Code				
237 Helen St		Bridgeport		CT	06608				
Principal Occupation		Name of Employ	er						
INSURANCE SALES		DURA	NGO INSURANCE						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	3	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			X No						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No Cash Personal Check	01/	30/2015	\$100.00		\$100.00				
If yes, list Event # 01302015A	,		T						
Last Name	First			MI	Contribution ID #				
ARROYO		JULISSA			0180				
Residential Street Address	City	30213371		State	Zip Code				
810 Sylvan Ave	City	Bridgeport		CT	06606				
Principal Occupation	<u> </u>	Bridgeport  Name of Employ		CI	00000				
BARTENDER			XTALE						
				A					
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	dependent child of	v	Атои	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:									
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions						
N Cook Powered Cheek									
If yes, list Event # 01302015A	01/	30/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
JOHNSON		GREG			0181				
Residential Street Address	City			State	Zip Code				
475 Clinton Ave		Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er		<del></del>				
DIRECTOR		FAMIL	Y SERVICES WOODFIELD						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:  Executive Legislative			x <sub>No</sub>						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
No No Tourism enter	01/	30/2015	\$100.00		\$100.00				
If yes, list Event # 01302015A	Ī			I					

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015 Itemized Statement accompanying application for Public								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
SALAS		CONSUELO		G	0189			
Residential Street Address	City			State	Zip Code			
338 William St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	•				
OUTREACH		OPTIN	IUS HEALTHCARE					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
X Parsonal Check								
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/3	30/2015	\$50.00		\$50.00			
				1.0				
Last Name	First			MI	Contribution ID #			
MCKNIGHT  Residential Street Address	City	NAKIDA		M State	0239			
	City	Duideanaut			Zip Code			
247 Willow St Principal Occupation		Bridgeport Name of Employ	or .	СТ	06610			
STUDENT		Name of Employ	ei					
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?  Yes  X No.	)	dependent child of	Vac	111100	in or commount			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			1.00.10					
X No Cash Personal Check	01/:	30/2015	\$25.00		\$25.00			
If yes, list Event #			7					
Last Name	First			MI	Contribution ID #			
GONZALEZ		DANIEL		Т	0240			
Residential Street Address	City			State	Zip Code			
97 Bradley Ave		Hamden		СТ	06514			
Principal Occupation		Name of Employ	er	-				
STUDENT								
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:					
government the contract is with:  Executive Legislative			x No	_				
Is this contribution associated with a Method of contribution:  Yes	Date	Received	Aggregate Contributions					
Table 1 and								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/3	30/2015	\$25.00		\$25.00			
T. W	г			1	G (3 ( D)			
Last Name WALKER	First	CHARLES		MI E	Contribution ID # 0150			
Residential Street Address	City	CHARLES		State	Zip Code			
393 Laurel Ave Apt 202	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er	[ C1	00003			
RETIRED		or Employ	-					
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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31:								
If yes, list Event # 01302015A	01/3	30/2015	\$5.00		\$5.00			

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	I TYPE OF DEDORE					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT  Dejective 2015  Itemized Statement accompanying application for Public								
Dejesus 2015			Grant - Original	iyirig applicat	IOT TO T UDIC			
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
МОТА		MENTAEL		S	0151			
Residential Street Address	City			State	Zip Code			
178 William St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
BARTENDER			XTALE RESTURANT					
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					
fundraising event listed in Section J1?	Dute	10001100	riggregate contributions					
No Cash Personal Check	01/:	30/2015	\$100.00		\$100.00			
If yes, list Event # 01302015A			Ţ-55.55					
Last Name	First			MI	Contribution ID #			
BARFIELD		ELUIRAIH		Т	0247			
Residential Street Address	City			State	Zip Code			
247 Willow St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er		•			
OVERNIGHT MGR		НОМЕ	DEPOT					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Sociated With a Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event #	01/3	30/2015	\$100.00		\$100.00			
If you, has brone in								
Last Name	First			MI	Contribution ID #			
MARRERO		KARIANA			0206			
Residential Street Address	City			State	Zip Code			
22 Jackson Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employ						
		STUD						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of  Executive Legislative		1	x <sub>No</sub>					
government the contract is with:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	30/2015	\$5.00		\$5.00			
If yes, list Event #	01/	30, 2013	Ψ5.00					
Last Name	First			MI	Contribution ID #			
ORTIZ		FRANCISCO			0207			
Residential Street Address	City			State	Zip Code			
22 Jackson Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er	•	•			
STUDENT								
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 a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
If yes, list Event #	01/3	30/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
ORTIZ		ALFREDO			0208			
Residential Street Address	City			State	Zip Code			
22 Jackson Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
STUDENT								
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia o	, I					
government the contract is with:		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	30/2015	\$5.00		\$5.00			
If yes, list Event # Money Order	01/.	30/2013	\$5.00		\$3.00 			
Last Name	First			MI	Contribution ID #			
DEJESUS		CRISTAIN		Α	0155			
Residential Street Address	City			State	Zip Code			
133 Post St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employe	er	-	•			
CASHIER		FAIRF	IELD UNIV BOOKSTORE					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  Galablasista	Amou	ant 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 a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No X Cash Personal Check	01/	30/2015	\$100.00		\$100.00			
If yes, list Event # 01302015A	01/.	30/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
COLON		LETICIA			0156			
Residential Street Address	City			State	Zip Code			
133 Post St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employe	er					
OUTREACH			1US HEALTHCARE					
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 No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Duic	Received	riggiogate Contributions					
No No Personal Check	01/3	30/2015	\$100.00		\$100.00			
If yes, list Event # 01302015A		,	·					
Last Name	First			MI	Contribution ID #			
FALL		YAMILETTE		А	0157			
Residential Street Address	City			State	Zip Code			
133 Post St	L.	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
RECEPTIONIST			IUS HEALTHCARE	1				
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of		arp and only o						
government the contract is with:	Doto	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	received	Assigne Contributions					
No No Personal Check	01/3	30/2015	\$100.00		\$100.00			
If yes list Event # 01302015A   Money Order   Credit/Debit Card	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								
Dejesus 2015  Itemized Statement accompany Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
JAMES		DWIGHT		W	0290			
Residential Street Address	City			State	Zip Code			
41 Orange St .	<u> </u>	Stratford		СТ	06615			
Principal Occupation  ELECTRICIAN		Name of Employ	er ELECTRICAL					
			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 a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check    No	01/	30/2015	\$100.00		\$100.00			
Last Name	First	-		MI	Contribution ID #			
MEDINA	FIISt	ETHAN		W	0234			
Residential Street Address	City	LITIAN		State	Zip Code			
348 Park St		Bridgeport		СТ	06608			
Principal Occupation	•	Name of Employ	er					
STUDENT								
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 <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check		20/2015	440.00					
If yes, list Event #	01/.	30/2015	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
DOMINGUEZ		BRUNILDA			0205			
Residential Street Address	City			State	Zip Code			
744 Hancock Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	=	•			
PACKING		LACE	Y MANUFACTURING					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (	x No					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	30/2015	\$5.00		\$5.00			
If yes, list Event #	,	,	1					
Last Name	First			MI	Contribution ID #			
MARRERO JR.		WILFREDO			0202			
Residential Street Address	City			State	Zip Code			
72 McGrath Ct		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er IPLOYED					
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	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 a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidialising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015 Itemized Statement accompany Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
CAPERS		CARL			0203			
Residential Street Address  72 McGrath Ct	City	Stratford		State CT	Zip Code 06615			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00013			
Timepal Sceapalon			IPLOYED					
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	J	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative		D : 1	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	30/2015	\$5.00		\$5.00			
If yes, list Event #	01/	30,2013	ψ3.00					
Last Name	First			MI	Contribution ID #			
GARCIA		BIANCA			0211			
Residential Street Address	City			State	Zip Code			
72 McGrath Ct		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event #	01/.	30/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
MARTINEZ		JENNIFER		L	0148			
Residential Street Address	City			State	Zip Code			
PO Box 55052		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
CLERK A			OF BRIDGEPORT	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	V	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					
Tunidaising event listed in Section 31:								
If yes, list Event # 01302015A No Season Money Order Credit/Debit Card	01/	30/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
MARTINEZ	1 1150	ENEDIA		L	0149			
Residential Street Address	City			State	Zip Code			
PO Box 55052		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	-				
CASE MANAGER		HOT						
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 01302015A No Cash Personal Check  No No Noney Order Credit/Debit Card	01/	30/2015	\$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					Control De La Control
Dejesus 2015			Itemized Statement accompan Grant - Original	iying applicat	ion for Public
B. Itemized Contributions from	m Ind	ividuals	<u> </u>		
Last Name	First			MI	Contribution ID #
MAZO		GABRIEL			0269
Residential Street Address	City			State	Zip Code
78 Vine St	L.,	Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?		In contributor of	obbyist, spouse, or	A.m.o.	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child o	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>		
government the contract is with:	Date 1	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Personal Check	01/3	30/2015	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
MAZO		KEVIN			0270
Residential Street Address	City			State	Zip Code
78 Vine St	<u> </u>	Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		
		- "			
Is contributor a principal of a state contractor or prospective state contractor?  Yes  Yes	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	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 1	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Bute	Received	Aggregate Contributions		
X No Cash Personal Check	01/3	30/2015	\$5.00		\$5.00
If yes, list Event #		,	7		7
Last Name	First			MI	Contribution ID #
MAZO		KETTY		М	0271
Residential Street Address	City			State	Zip Code
78 Vine St		Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of  Executive  Legislative		aepenaem emia o	x No		
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/3	30/2015	\$5.00		\$5.00
If yes, list Event #	-, -	,	4		T-1-1-
Last Name	First			MI	Contribution ID #
MAZO		FABIO		L	0272
Residential Street Address	City			State	Zip Code
78 Vine St		Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		-
				1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		_cpendent ennu 0	x No		
government the contract is with:	Date 1	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	NCCCIVCU	Aggregate Contributions		
X No Cash Personal Check	01/3	30/2015	\$5.00		\$5.00
If yes_list Event # Money Order Credit/Debit Card	1 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								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicati	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
SEQUEIRA		SHAWN		Α	0179			
Residential Street Address	City			State	Zip Code			
335 Roosevelt Ave	L.,	Stratford		СТ	06615			
Principal Occupation  STATE POLICE		Name of Employ	er E OF CONNECTICUT					
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	<u> </u>					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:  Yes	Date	Received	Aggregate Contributions					
No No Personal Check	01/	20/2015	±100.00		±100.00			
If yes, list Event # 01302015A No Money Order Credit/Debit Card	01/.	30/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
MARELLA		MICHAEL			0187			
Residential Street Address	City			State	Zip Code			
120 Huntington Tpke # 710		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
EXECUTIVE DIRECTOR			GEPORT PAL					
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>					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Buie	10001100	11gg. ogute continuations					
No Cash X Personal Check	01/3	30/2015	\$50.00		\$50.00			
If yes, list Event # 01302015A				<u> </u>				
Last Name	First			MI	Contribution ID #			
MARELLA		JUDITH			0188			
Residential Street Address	City			State	Zip Code			
120 Huntington Tpke # 710 Principal Occupation	<u> </u>	Bridgeport	ON .	СТ	06610			
YOUTH PROGRAMMING		Name of Employ	OF BRIDGEPORT					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31?								
If yes, list Event # 01302015A No No Money Order Credit/Debit Card	01/3	30/2015	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
ROSARIO		CHRISTOPHE	:R		0176			
Residential Street Address	City			State	Zip Code			
195 French St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
DIRECTOR, BLIGHT			OF BRIDGEPORT					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x <sub>No</sub>					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			•					
If yes, list Event # 01302015A No SX Cash Personal Check Money Order Credit/Debit Card	01/3	30/2015	\$20.00		\$20.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015  Itemized Statement accompa					ion for Public			
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
MAZO		FABIO		Α	0273			
Residential Street Address	City			State	Zip Code			
195 French St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
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	D	dependent child of	of a lobbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	30/2015	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
ALACRON	11130	CHRISTOPHE	:R	IVII	0186			
Residential Street Address	City	CHICIOTOTTIC		State	Zip Code			
30 Kenwood Ln		Trumbull		СТ	06611			
Principal Occupation	•	Name of Employ	er		•			
TEACHER		BRID	GEPORT BOE					
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			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?    X Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	01/	30/2015	\$100.00		\$100.00			
If yes, list Event # 01302015A	01/	30/2013	\$100.00		Ţ100.00 			
Last Name	First			MI	Contribution ID #			
FALCON		TAMATHA		L	0275			
Residential Street Address	City			State	Zip Code			
155 Magnolia St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
ADMINISTRATIVE ASSTNT			CITY COMMUNITES					
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 Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  X Cash  Personal Check								
X No   X Cash   Personal Check   If yes, list Event #   Money Order   Credit/Debit Card	01/	31/2015	\$100.00		\$100.00			
	l			l	1			
Last Name	First	MONTOA		MI	Contribution ID #			
CASTILLO  Residential Street Address	City	MONICA		State	0291 Zip Code			
1737 Noble Ave	City	Bridgeport		CT	06610			
Principal Occupation		Name of Employ	er	<u> </u>				
NURSE		BRID	GEPORT HOSPITAL					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:	Г.	D : 1	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	31/2015	\$100.00		\$100.00			
If yes, list Event # Money Order	I/.	. ,	¥200.00	I	, ,			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
CASTILLO		ALFREDO			0292			
Residential Street Address	City			State	Zip Code			
1737 Noble Ave	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ RETIF						
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						
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	31/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
MCCARTHY	11130	JIM		IVII	0259			
Residential Street Address	City	3111		State	Zip Code			
11 Adirondack Trl		Easton		СТ	06612			
Principal Occupation	•	Name of Employ	er	•	•			
WELDER		MAC I	INDUSTRIES	-				
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	L	D : 1	x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	31/2015	\$100.00		\$100.00			
If yes, list Event #	01/	31,2013	<b>\$100.00</b>					
Last Name	First			MI	Contribution ID #			
FELICIANO		MILTA			0225			
Residential Street Address	City			State	Zip Code			
302 Huntington Rd		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
DIRECTOR			OF BRIDGEPORT					
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>					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?  Yes  X  Cash  Personal Check								
X No   X Cash   Personal Check   If yes, list Event #   Money Order   Credit/Debit Card	01/	31/2015	\$100.00		\$100.00			
				l				
Last Name COLON	First	RAMON		MI N	Contribution ID # 0199			
Residential Street Address	City	RAMON		State	Zip Code			
744 Hancock Ave	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er					
		RETIF	RED					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or  Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		асренает сппа (	x No					
government the contract is with:  Is this contribution associated with a Method of contribution:  Method of contribution:	Dete	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	31/2015	\$5.00		\$5.00			
If yes, list Event #	Ĭ.			I				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
NEGRON		JOSE		Α	0222			
Residential Street Address	City			State	Zip Code			
30 Cole St		Bridgeport		СТ	06604			
Principal Occupation	-	Name of Employ	er	•	•			
Is contributor a principal of a state contractor or prospective state contractor?		In contributor of	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Aillot	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 a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check    No	01/	31/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
NEGRON	1 1100	SHENAMARY	F		0287			
Residential Street Address	City	0.12.0.1.0.1.0.1.0.1		State	Zip Code			
30 Cole St		Bridgeport		СТ	06604			
Principal Occupation	•	Name of Employ	er		1			
UNEMPLOYED								
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Gundanicing quent listed in Section 112	Date	Received	Aggregate Contributions					
Tunidraising event risted in Section 71:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/	31/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
MORALES		CANDIDA			0198			
Residential Street Address	City			State	Zip Code			
651 Barnum Ave		Bridgeport		СТ	06608			
Principal Occupation	•	Name of Employ	er		•			
PAYROLL CLERK		CITY	OF BRIDGEPORT					
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 <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Resonal Check	01/	21 /201 5	<b>ΦΕ 00</b>		¢E 00			
If yes, list Event # Money Order Credit/Debit Card	01/.	31/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
MENDEZ		BRIDGET			0194			
Residential Street Address	City			State	Zip Code			
257 Harral Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?					
government the contract is with:			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section J1?  Method of contribution:	Date	Received	Aggregate Contributions					
Tunding event insect in Section 71:		24 /2015			+5.00			
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/	31/2015	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	ividuals	Grant - Original					
Last Name	First			MI	Contribution ID #			
DEJESUS	list	KARISMA		1411	0195			
Residential Street Address	City			State	Zip Code			
278 Priscilla St		Bridgeport		СТ	06610			
Principal Occupation	<u> </u>	Name of Employe	er		•			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which branch or branches of	Ŭ	dependent child o	i a lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?    X   No	l							
If yes, list Event #	01/3	31/2015	\$5.00		\$5.00			
Lad Name	First			MI	Contribution ID #			
Last Name VEGA	FIISt	EFRAIN		IVII	Contribution ID # 0196			
Residential Street Address	City	EFRAIN		State	Zip Code			
1259 Noble Ave	City	Bridgeport		CT	06608			
Principal Occupation	<u> </u>	Name of Employe	er	CI	00000			
· Fr · · · · · · · · · ·								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child o	i a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/3	31/2015	\$5.00		\$5.00			
	I .				I			
Last Name	First	MARICOL		MI	Contribution ID #			
CHANDER  Residential Street Address	City	MARISOL		State	0223			
1259 Noble Ave	City	Bridgeport		CT	Zip Code 06608			
Principal Occupation	—-	Name of Employe	er .	CI	00000			
The stopping of the stopping o			-					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child o	<u> </u>					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidialising event instead in Section 71?								
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	01/3	31/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
BURGOS		OLGA			0224			
Residential Street Address	City	Duideanaut		State	Zip Code			
1259 Noble Ave Principal Occupation		Bridgeport Name of Employe	ar.	СТ	06608			
RETIRED		Name of Employe	C1					
		Is contributor a lo	obbyist, spouse, or	Amor	unt of Contribution			
Yes X N	О	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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:	I							
If yes, list Event # Cash Personal Check  No Money Order Credit/Debit Card	01/3	31/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT							
Dejesus 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Original					
Last Name	First	iiviuuais		MI	Contribution ID #			
PITRE	First	ALEXSANDRA		IVII	0197			
Residential Street Address	City	/ILL/IO/IIIDIO	`	State	Zip Code			
331 Pearl St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employe	er		!			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or  General Administration   Yes	Amou	ant of Contribution			
If was indicate which branch or branches of	0	dependent child o	Ta lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?    X   No								
If yes, list Event #	01/3	31/2015	\$5.00		\$5.00			
Last Name	First	•		MI	Contribution ID #			
RAMOS	First	MARIA		IVII	0218			
Residential Street Address	City	MAKIA		State	Zip Code			
135 State St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employe	er					
NURSE		NORW	/ALK HOSPITAL					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or  Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	o	dependent child o	Ta lobbyist?					
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidialising event instead in Section 31:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/3	31/2015	\$5.00		\$5.00			
LadVana	Einst			MI	Contribution ID #			
Last Name TORRES	First	AWILDA		IVII	Contribution ID # 0252			
Residential Street Address	City	AWILDA		State	Zip Code			
190 Orchard St		Bridgeport		CT	06608			
Principal Occupation		Name of Employe	er					
BILLING CODER		OPTIM	IUS HEALTH C ARE					
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	o	dependent child o						
government the contract is with:  Executive Legislative			x <sub>No</sub>					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check    Money Order   Credit/Debit Card	01/3	31/2015	\$100.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
GONZALES	FIISt	JASELYN		IVII	0220			
Residential Street Address	City	JASLLIN		State	Zip Code			
187 Black Rock Ave		Bridgeport		CT	06605			
Principal Occupation	-	Name of Employe	er					
CASHIER		WALM	ART					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or follobyist?  Yes	Amou	ant of Contribution			
	υ	dependent child o	i 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 fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check  No Money Order Credit/Debit Card	01/3	31/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT							
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public					
B. Itemized Contributions from	m Ind	lividuals	Giant - Original							
Last Name	First			MI	Contribution ID #					
RIVERA		ALEX		J	0284					
Residential Street Address	City			State	Zip Code					
185 Dover St	L	Bridgeport		СТ	06610					
Principal Occupation		Name of Employ								
TOW TRUCK OPERATOR			SALES & SERVICE							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution					
If yes, indicate which branch or branches of Executive Legislative		i	x <sub>No</sub>							
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?										
X No Personal Check	02/0	03/2015	\$100.00		\$100.00					
If yes, list Event#										
Last Name	First			MI	Contribution ID #					
PAPPANO		PATRICK			0285					
Residential Street Address	City			State	Zip Code					
53 Audubon Ln	L	Shelton		СТ	06484					
Principal Occupation SALES		Name of Employ	IS AUTO PARTS							
			11.14	Amou	ant of Contribution					
Yes X N	o	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 a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
Tundraising event listed in Section 31:										
If yes, list Event # Personal Check O2/03/2015 \$100.00					\$100.00					
Last Name	First			MI	Contribution ID #					
ANTHONY	First	WILLIAM		IVII	0279					
Residential Street Address	City			State	Zip Code					
42 Cleone Dr		Waterbury		СТ	06206					
Principal Occupation	•	Name of Employ	er							
SALES		DENN	IS AUTO PARTS							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c								
government the contract is with:	Doto	Received	Aggregate Contributions							
fundraising event listed in Section J1?	Duic	received	Aggregate Contributions							
X No Cash Personal Check	02/0	03/2015	\$100.00		\$100.00					
If yes, list Event #										
Last Name	First			MI	Contribution ID #					
ROTZAL JR.		THOMAS		0	0280					
Residential Street Address	City			State	Zip Code					
110 Quarry Rd	L	Milford		СТ	06460					
Principal Occupation  WHOLESALE MANAGER		Name of Employ	er NFAIR TIRE							
			.1.1	Amor	unt of Contribution					
Yes X N	o	dependent child of	Vac	711100	I commodition					
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							
Y										
If yes, list Event # Cash Personal Check  No Money Order Credit/Debit Card	02/0	03/2015	\$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							
Dejesus 2015			Itemized Statement accompan Grant - Original	ying applicat	ion for Public					
B. Itemized Contributions from	m Ind	lividuals	Oldin Oliginal							
Last Name AMRO	First	HIPOLITO		MI	Contribution ID #					
Residential Street Address	City	ПРОСТТО		State	Zip Code					
814 William St	City	Bridgeport		CT	06608					
Principal Occupation		Name of Employ	er							
OWNER		HIPPO	H.A. AUTO MECHANIC							
Is contributor a principal of a state contractor or prospective state contractor?  Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution					
If yes, indicate which branch or branches of government the contract is with:			x <sub>No</sub>							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?		00/0015	4400.00							
If yes, list Event # No Money Order Credit/Debit Card	02/	03/2015	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
COLON		ISABEL			0256					
Residential Street Address	City			State	Zip Code					
673 King St		Bridgeport		СТ	06614					
Principal Occupation										
HOMEMAKER		RETIR	11 14	A	ant of Contribution					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of Executive Legislative										
Is this contribution associated with a Method of contribution:	Date	Received	X No Aggregate Contributions							
fundraising event listed in Section J1?  Yes  X  Cash  Personal Check										
If yes, list Event #	02/	03/2015	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
MARIN		GIGERMO			0258					
Residential Street Address	City			State	Zip Code					
673 King St		Bridgeport		СТ	06614					
Principal Occupation		Name of Employ								
Le contributer a minainal of a state contractor or meanneative state contractor?		RETIR		Amou	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  No	o	dependent child of	V	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							
Tundraising event listed in Section 31?										
If yes, list Event # Cash Personal Check  Money Order Credit/Debit Card	02/	03/2015	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
MARIN		WILLIAM			0257					
Residential Street Address	City			State	Zip Code					
56 McQuillan St		Bridgeport		СТ	06614					
Principal Occupation		Name of Employ								
SOFTWARE ENGINEER  Is contributor a principal of a state contractor or prospective state contractor?			ED HEALTH CARE 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 a Section 112 Yes Method of contribution: Date Received Aggregate Contributions										
fundraising event listed in Section J1?    X   No		02/2015			+400.00					
If yes, list Event # No Money Order Credit/Debit Card	02/	03/2015	\$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  Itemized Statement accompan	ving applicat	ion for Public					
Dejesus 2015			Grant - Original	ушу аррисат	OIT IOI FUDIIC					
B. Itemized Contributions from	m Ind	lividuals								
Last Name	First			MI	Contribution ID #					
RIOS		RAMONA			0246					
Residential Street Address	City			State	Zip Code					
54 Palisades Ave		Bridgeport  Name of Employ	ON .	СТ	06610					
Principal Occupation  RETIRED		RETIR								
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				unt of Contribution					
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No							
government the contract is with:  Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions							
fundraising event listed in Section J1?			1-88-18-10							
If yes, list Event #   X   No   X   Cash   Personal Check   Oredit/Debit Card	02/	03/2015	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
FELIPE		ANTONIO		D	0276					
Residential Street Address	City			State	Zip Code					
155 Magnolia St		Bridgeport		СТ	06610					
Principal Occupation										
STUDENT										
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?  Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with:  Executive Legislative		dependent enna e	x No							
Is this contribution associated with a Method of contribution:										
fundraising event listed in Section J1?  Yes  X Cash  Personal Check										
If yes, list Event # Cash Credit/Debit Card	02/	03/2015	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
REYES		EDUARDO			0278					
Residential Street Address	City			State	Zip Code					
290 Westfield Rd		Bridgeport		СТ	06606					
Principal Occupation		Name of Employ								
OWNER			OQUITO obbyist, spouse, or	Amou	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of		Amou	iit 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 fundraising event listed in Section J1?  Yes Method of contribution:	Date	Received	Aggregate Contributions							
If yes, list Event #	02/	04/2015	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
CAHILL		DOUG		М	0282					
Residential Street Address	City			State	Zip Code					
45 Toilsome Ave		Norwalk		СТ	06851					
Principal Occupation		Name of Employ								
SALES  Is contributor a principal of a state contractor or prospective state contractor?			eRS AUTO RECYCLING obbyist, spouse, or	Amou	unt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor?  Yes  X N	o	dependent child of	Vac	Amou	nt of Contribution					
If yes, indicate which branch or branches of Executive Legislative			x <sub>No</sub>							
Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions										
fundraising event listed in Section J1?  Yes  X  Cash  Personal Check										
If yes, list Event #	02/	04/2015	\$100.00		\$100.00					

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								1 age 70 01 102
I. N	MONET	ARY RECEIP	TS (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as I			ì	Ź	TYPE O	F REPORT		
Dejesus 2015						ment accompar	nying applic	ation for Public
R I	temized (	Contributions fr	om Inc	lividuale	Grant - Origina	31		
	tennzeu (	Contributions in	_	iiviuuais			1	Tara Bu
Last Name			First	\4\4\\A\			MI	Contribution ID #
LEBLANC				WAYNE				0283
Residential Street Address			City				State	Zip Code
319 Flax Hill Rd				Norwalk			СТ	06614
Principal Occupation				Name of Employ				
OWNER					ERS AUTO REC	YCLING		
Is contributor a principal of a state contractor or prospective state contractor	?	Yes	No	Is contributor a l dependent child of	obbyist, spouse, or	Yes	Am	nount of Contribution
If yes, indicate which branch or branches of				dependent enna e	7 <b>u</b> 1000y101.	x No		
government the contract is with:		Legislative						
Is this contribution associated with a fundraising event listed in Section J1?  Method of	contribution:		Date	Received	Aggregate Contrib	utions		
Cash	[	Personal Check						
If yes, list Event # No Sasin Mone	ey Order	Credit/Debit Card	02/	04/2015	\$	100.00		\$100.00
							<u>'</u>	
						Total of	Section B	\$12,040.00
TOTAL OF ALL CONTRIBUTIONS FROM IND	IVIDITAT	c (Sec	tions A	+ R) (To	tal on Line 14 of S	'ummam, Paga)		\$12,040.00
TOTAL OF ALL CONTRIBUTIONS FROM IND	TVIDUAL	.5 (500	tions A	(10)	iui on Line 14 oj 5	ummury r uge)		412/010100
I. MONETARY RECEIPTS (Section A-I)								
1. [	WONE I	ARY RECEIP	15 (5	ection A-1)				
NAME OF COMMITTEE (Provide Complete Name as Ro	egistered w	vith Commission)				TYPI	E OF REP	PORT
` -	egistered w	viui Commission)						
Dejesus 2015						Itemized Sta		ompanying rant - Original
						арриосион к	or i abile el	ant Ongman
21.2								
C1. Co	ntributio	ns from Other C	'ommi	ttees				
Name of Committee				Name of Treasure	er			
Address								Amount of Contribution
				bution associated w		Yes	No A	Amount of Contribution
		l Iu	naraising	g event listed in Sec	tion J1?			
		l		If yes, list Event	1			
City	State	Zip Code	Date R	eceived	Aggregate Cont	ributions		
					1			
						Total of Sect	ion C1	
						i otai oi Sect	IOH CI	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						Т	YPE OF REPOR	Γ
Dejesus 2015						Itemized Statement accompanying application for Public Grant - Original		
	C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer			
Address						Date Received	1	Amount of Receipt
City		State	Zip Code		Reimbursement for	shared expense		_
					Payment for goods a	and services		
	Total of Section C2							
I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE						TYPE	OF REPORT	
Dejesus 2015	Dejesus 2015  Itemized Statement accompanying application for Public Grant - Original					g application for		
D. Loans Received this Period								
Name of Lender				Source of		Individua	al Other	Date of Receipt
Street Address			City	•		State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applical	ble)		<b> </b>			<u> </u>	1	Amount Received
Street Address			City			State	Zip Code	
			<u> </u>					
							Total of Section	D
	I. MON	ETARY R	ЕСЕІРТ	ΓS (Sect	ion A-I)			
NAME OF COMMITTEE							TYPE OF REPO	RT
Dejesus 2015							nized Statement acco	ompanying application
E. Personal I	Funds of the Candidate Re	eceived this	Period (C	Candidat	te Committees ON	LY)		
Date of Receipt	Method of Payment  Cash		sonal Check		Credit/Debit Card			Amount
						Total o	f Section E	

I. Monetary Receipts (Section A-I)							
NAME OF COMMITTEE					TYPE OF REPOR	Γ	
Dejesus 2015					zed Statement accompa c Grant - Original	anying application for	
G. Interest	t from I	Deposits in Authorized Accounts					
Name of Institution			Date	e Receive	d	Amount	
Street Address	С	ity	State	2	Zip Code		
					Total of Section G		
					Total of Section G		
I. MO	NETA	RY RECEIPTS (Section A-K)					
NAME OF COMMITTEE TYPE O							
Dejesus 2015  Itemized Statem Public Grant - C						anying application for	
H. Public Grant Funds Received from the Citizens' Election Fund							
Purpose of Grant:	Grant C	ycle:			Date Received	Amount	
Initial Grant Adjustment		Primary General Election S	pecial Elect	ion			
Supplemental/Post Election Deficit		·					
					Total of Section H		
I.1	MONE	CTARY RECEIPTS (Section A-K)	)				
NAME OF COMMITTEE					TYPE OF REPOR	Γ	
Dejesus 2015					zed Statement accompa c Grant - Original	anying application for	
I. Miscellaneou	ıs Mon	etary Receipts not Considered Contri	butions				
Name  CTATE ELECTIONS ENFORCEMENT					of Transaction 2/2015	Amount Received	
STATE ELECTIONS ENFORCEMENT		City	C1-1:	02/0	T	-	
Street Address 20 Trinity St		City Hartford	State CT		Zip Code 06106		
Description TEST TRANSACTION			•			\$0.04	
					Total of Section	I \$0.04	

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE								TYPE OF	REPC	RT	
Dejesus 2015								Itemized Statement a for Public Grant - Orig		anying a	application
	J1. Fund	raising Event	Informat	ion				•			
Fundraising Event # Date of Fundraiser 01/30/2015 Letter A	Description  Meet and Greet Ev	vent									_
Location: Street Address 225 Lordship Blvd							City Stratford			State CT	Zip Code 06615
Was this fundraising event hosted at a personal residence?  Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and invitations.							and				
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 Considered Contributions and complete required information.											
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  X No \$0.					\$0.00						
							To	otal of Section J1			\$0.00
	II. FUNDRAISI	NG EVENT .	ACTIVI	TY (S	Section	ns J1 - J3	3)				
NAME OF COMMITTEE (Provide								TYPE OF REPORT			
Dejesus 2015								temized Statement accompanying application for Public Grant - Original			cation for
	J3. In-Kind Donat	ions Not Cons	idered Co	ontrib	utions						
Name of the Donor											
Street Address					City					State	Zip Code
Donation Given by:	Description of Donation										rket Value of
Individual					Т				-		
Business Entity	Date Received	Event #				Agg	gregate value	for this event			
Sole Proprietorship											
								Total of Section J3			

III. NONMONETARY RECEIPTS (Sections K - M)										
NAME OF COMMITTEE					TY	PE OF REP	PORT			
Dejesus 2015					Itemized State Public Grant -		anying app	plication for		
K. In-Kin	d Co	ontributi	ons							
Name										
Street Address				City			State	Zip Code		
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event#  No		Description	of In-Kind Contribution				•			
of a lobbyist?	actor?	indicate whi	of a state contractor or prospect branch or branches of attract is with:	pective state  Exect	utive	Yes No Legislative		arket Value of this Contribution		
Type of Contributor:  Individual Committee Sole Pr	onrieta	orshin	Date Received		Aggregate contri	ibutions				
			l							
					Total of	Section K				
III. Non Mon	etar	v Recei	pts (Sections K - I	<b>M</b> )						
NAME OF COMMITTEE (Provide Complete Name as Registered	with	Commissi	ion)		TYP	E OF REPO	RT			
Dejesus 2015					Itemized State Public Grant -		anying app	plication for		
L. Refundable Deposit t	о Те	lephone	Company							
Last Name of Individual		First Nan	ne		MI	Date Depo	osit Made			
Residential Street Address	С	City		State	Zip Code			mount of Deposit		
Name of Telephone company										
Street Address	City	y		State	Zip Code					
					Total of S	Section L				

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III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE			TYPE OF REPORT						
Dejesus 2015		Itemized Statement accompanying application for Public Grant - Original							
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48									
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)									
Street Address			Date Notice Received	Fair Market Value of Donation					
City	State	Zip Code	Aggregate Donations						
Description of Donation	Purpose of Expenditure  A B	C D							
Total of Section M									

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Comm	mission)			TYPE	OF REPORT			
Dejesus 2015					Itemized State Public Grant -	ment accompanying application for			
	N. Expenses Paid B	By Commi	ttee		- usio siaik	ong.na.			
Name of Payee JOEL ROSARIO				Date of Pays 01/29/20			vment neck# <u>0092</u> ebit Card		
Street Address 114 Caroline St .			City Bridgeport			State CT	Zin Code 06608		
Purpose of Expend RCW	OFFICE SUPPLIES						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)							\$748.88		
Name of Payee THE BRONX TALE RESTAURANT Date of Payment 01/29/2015						Method of Payment  X Check # 0093  Debit Card			
Street Address 225 Lordship Blvd			City Stratford			State CT	Zip Code 06615		
Purpose of Expend FNDR *	Description MEET AND GREET / APPETIZERS					Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expend (if appl	liture # licable)	Event #	ŧ		\$450.00		
Name of Payee CARLOS MARTINEZ				Date of Pays 02/05/20		. –	vment neck # <u>0095</u> ebit Card		
Street Address 97 Savoy St			City Bridgeport			State CT	Zip Code 06606		
Purpose of Expend FNDR *	Description PHOTOGRAPHY						Amount		
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No	Expend (if appl	liture # licable)	Event #			\$130.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT				
Dejesus 2015			Itemized State Public Grant - 0	ment accompanying application for Original				
	N. Expenses Paid By Commi	ittee		- <b>3</b> ·				
Name of Payee  NANCY BONILLA			Oate of Payment		ment acck# <u>1003</u> bit Card			
Street Address 1737 Noble Ave		City Bridgeport		State CT	Zip Code 06610			
Purpose of Expend WAGE			Amount					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$190.00							
Name of Payee Date of Payment MAXIMIO CASTILLO 22/05/2015					ment eck# <u>1004</u> bit Card			
Street Address 534 Connecticut Ave		City Bridgeport		State CT	Zip Code 06607			
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event#		\$220.00			
Name of Payee ROSANGLES HENRY			Date of Payment		ment aeck# <u>1006</u> bit Card			
Street Address 411 Hawley Ave		City Bridgeport		State CT	Zip Code 06606			
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and or	X No (if app	diture # licable)	Event #		\$300.00			

	IV. EXPENDITURES	Sections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		T	YPE OF REPORT			
Dejesus 2015				Statement accompanying application for rant - Original			
	N. Expenses Paid By Com	mittee	i dollo ol	unt Onginal			
Name of Payee MIRELLA VILLACRES			Date of Payment 02/05/2015	Method of Payment  X Check # 1001  Debit Card			
Street Address 90 Garfield Ave		City Bridgeport		State         Zip Code           CT         06606			
Purpose of Expend WAGE	Expend Description CAMPAIGNWORKER CANVASSING WAGES						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$100.00						
Name of Payee MARCO DIAZ	Method of Payment  X Check # 1005  Debit Card						
Street Address 274 William St		City Bridgeport		State Zip Code CT 06608			
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES CANVASSING			Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	\$260.00			
Name of Payee SONIA SANTIAGO		_	Date of Payment 02/05/2015	Method of Payment  X Check # 1002  Debit Card			
Street Address 730 Palisades Ave # C-11		City Bridgeport		State Zip Code CT 06610			
Purpose of Expend WAGE	Description WAGES FOR CANVASSING			Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if	penditure # applicable)	Event #	\$200.00			

	IV. EXPENDITURES (S	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT		
Dejesus 2015			Itemized State Public Grant - (		ment accompanying application for	
	N. Expenses Paid By Comm	ittee	ubile Grant -	Original		
Name of Payee  EVELYN HEREDIA			Date of Payment 02/05/2015	Method of Payment  X Check # 1007  Debit Card		
Street Address 505 Park St			State CT	Zip Code 06608		
Purpose of Expend WAGE	Description WAGES FOR CAMPAIGN WORKER				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	Event #	\$60.00				
Name of Payee MARIA RAMOS	Date of Payment 02/05/2015	Method of Payment  X Check # 1008  Debit Card				
Street Address 505 Park St		City Bridgeport		State CT	Zip Code 06608	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # slicable)	Event#	\$280.00		
Name of Payee NANCY SANCHEZ			Date of Payment 02/05/2015		rment neck# <u>1009</u> ebit Card	
Street Address 730 Palisades Ave # C-13		City Bridgeport		State CT	Zip Code 06610	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount	
Is this expenditure coordinated with a which reimbursement is sought?	• • • • • • • • • • • • • • • • • • • •	diture # slicable)	Event #		\$120.00	

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	1)		TYPE	OF REPORT	
Dejesus 2015				emized State		ying application for
	N. Expenses Paid By Con	nmittee				
Name of Payee LYDIA TAKACS			Date of Payme 02/05/2011			rment neck# <u>1010</u> ebit Card
Street Address 1241 Main St # 524		City Bridgeport			State CT	Zip Code 06604
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co		\$100.00				
Name of Payee DELRAY BENNET			Date of Payme 02/05/201			rment neck# <u>1011</u> ebit Card
Street Address 115 Livingston St		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend WAGE	Description WAGES FOR CAMPAIGN WORKERS					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (i	xpenditure # f applicable)	Event #			\$150.00
Name of Payee ANSEN BUNCH			Date of Payme 02/05/201			rment neck# <u>1012</u> ebit Card
Street Address 260 Norland Ave		City Bridgeport			State CT	Zip Code 06606
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES					Amount
Is this expenditure coordinated with a which reimbursement is sought?		xpenditure # f applicable)	Event #			\$210.00

	IV. EXPENDITURES (So	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT	
Dejesus 2015			Itemized State	ement accompanying application for	
	N. Expenses Paid By Commi	ttee		- 3	
Name of Payee ANTHONY CASTILLO			Date of Payment 02/05/2015		rment neck# <u>1013</u> ebit Card
Street Address 534 Connecticut Ave		City Bridgeport		State CT	Zip Code 06610
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	Event #	\$70.00			
Name of Payee FRANKLYN COLON			Date of Payment 02/05/2015		rment neck# <u>1014</u> ebit Card
Street Address 136 Beach St		City Bridgeport		State CT	Zip Code 06608
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #		\$30.00
Name of Payee  JAZMIN COOPER			Date of Payment 02/05/2015		rment neck# <u>1015</u> ebit Card
Street Address 819 Connecticut Ave		City Bridgeport		State CT	Zip Code 06610
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #		\$50.00

	IV. EXPEND	DITURES (	(Sections N - S)	)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with	Commission)			TYPE	OF REPORT			
Dejesus 2015					Itemized State Public Grant -		ying application for		
	N. Expenses P	aid By Com	mittee			g			
Name of Payee SHELLAY EBRON				Date of Payr 02/05/20			ment neck# <u>1016</u> ebit Card		
Street Address 603 Wood Ave			City Bridgeport			State CT	Zip Code 06605		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event # (if applicable)  If yes, assign an Expenditure # and complete Itemization in Addendum							\$170.00		
Name of Payee  DAMON FULLER				Date of Payr 02/05/20			ment neck# <u>1017</u> ebit Card		
Street Address 89 Velvet St			City Bridgeport			State CT	Zip Code 06610		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X		penditure # applicable)	Event #	ŧ		\$70.00		
Name of Payee ERIC GARCIA				Date of Pays 02/05/20			ment neck# <u>1018</u> ebit Card		
Street Address 435 Connecticut Ave			City Bridgeport			State CT	Zip Code 06607		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount		
Is this expenditure coordinated with a which reimbursement is sought?	<b>=</b>		penditure # applicable)	Event #	ŧ		\$175.00		

	IV. EXPENDITURE	ES (Se	ctions N - S)	<b>)</b>				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commiss		<b>201011</b> 31 ( 2)	<b>,</b>	TYPE	OF REPORT		
Dejesus 2015					Itemized State Public Grant -		ment accompanying application for	
	N. Expenses Paid By C	Commit	tee		ublic Grant -	Original		
Name of Payee CEF				Date of Pay 02/05/20			ment neck # <u>1037</u> ebit Card	
Street Address 20 Trinity St			City Hartford	•		State CT	Zip Code 06106	
Purpose of Expend CEF	Description						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum							\$790.00	
Name of Payee VICTOR MERCADO				Date of Pay 02/05/20			rment neck# <u>1035</u> ebit Card	
Street Address 1235 Kossuth St			City Bridgeport			State CT	Zip Code 06608	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES					Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expend (if appli		Event #	¥	\$80.00		
Name of Payee JANET WEBB				Date of Pay 02/05/20		. –	rment neck# <u>1032</u> ebit Card	
Street Address 65 Stueben St # 17			City Bridgeport			State CT	Zip Code 06608	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount	
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No	Expend (if appli		Event #	<del></del>		\$80.00	

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	<u> </u>		E OF REPORT		
Dejesus 2015			Itemized Sta Public Gran	atement accompanying application for		
	N. Expenses Paid By Co	mmittee	r ublic Gran	t - Onginal		
Name of Payee JANEEN GOMEZ			Date of Payment 02/05/2015	Method of Payment  X Check # 1021  Debit Card		
Street Address 841 Noble Ave		City Bridgeport	•	State Zip Code CT 06608		
Purpose of Expend WAGE	CAMPAIGN WORKER WAGES					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$125.00					
Name of Payee VICTORIA TORRES	Method of Payment  X Check # 1030  Debit Card					
Street Address 1720 Noble Ave		City Bridgeport		State Zip Code CT 06610		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X <sub>No</sub>	Expenditure # if applicable)	Event#	\$140.00		
Name of Payee  NAKIDA MCKNIGHT			Date of Payment 02/05/2015	Method of Payment  X Check # 1023  Debit Card		
Street Address 247 Willow St		City Bridgeport		State Zip Code CT 06610		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount		
Is this expenditure coordinated with a which reimbursement is sought?		Expenditure # if applicable)	Event #	\$120.00		

	IV. EXPENDITU	RES (Se	ections N - S)	)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Comm	ission)			TYPE	OF REPORT			
Dejesus 2015					Itemized State Public Grant -		ying application for		
	N. Expenses Paid By	Commi	ttee		uono oran	originia.			
Name of Payee  DANIEL HENRY				Date of Pays 02/05/20		I =	rment neck # <u>1036</u> ebit Card		
Street Address 125 Cloverhill Ave			City Bridgeport			State CT	Zip Code 06606		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event # (if applicable)  If yes, assign an Expenditure # and complete Itemization in Addendum							\$80.00		
Name of Payee DAJANIQUE MOALES				Date of Pay: 02/05/20		I —	rment neck# <u>1025</u> ebit Card		
Street Address 166 Shell St			City Bridgeport			State CT	Zip Code 06605		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES					Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expend (if appl		Event #	ŧ		\$40.00		
Name of Payee ISABEL NEGRON				Date of Pays 02/05/20		. —	rment neck# <u>1026</u> ebit Card		
Street Address 119 Hale Ter			City Bridgeport			State CT	Zip Code 06610		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount		
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes  X No	Expend (if appl		Event #	ŧ		\$80.00		

	IV. EXPENDITURES (	Sections N - S)		
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TY	PE OF REPORT
Dejesus 2015				tatement accompanying application for nt - Original
	N. Expenses Paid By Com	nittee		
Name of Payee LEXUS ROSA			Date of Payment 02/05/2015	Method of Payment  X Check # 1029  Debit Card
Street Address 27 Moffitt St		City Bridgeport		State Zip Code CT 06606
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$340.00			
Name of Payee ALBERTO ROSARIO			Date of Payment 02/05/2015	Method of Payment  X Check # 0098  Debit Card
Street Address 715 Capitol Ave		City Bridgeport		State Zip Code CT 06606
Purpose of Expend OVHD	Description SHOVELING & CLEANING			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	No (if a	enditure # pplicable)	Event#	\$120.00
Name of Payee ANSEN BUNCH			Date of Payment 02/05/2015	Method of Payment  X Check # 0096  Debit Card
Street Address 260 Norland Ave		City Bridgeport		State Zip Code CT 06606
Purpose of Expend WAGE	Description CAMPAIGN WORKER CANVASSING WAGES			Amount
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event#	\$160.00

	IV. EXPENDIT	TURES (S	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Co	ommission)			TYPE	OF REPORT		
Dejesus 2015					Itemized State		ying application for	
	N. Expenses Paid	d By Comm	ittee		usiis erani	origina.		
Name of Payee DONALD GETER				Date of Payr 02/05/20			ment seck # <u>1019</u> sbit Card	
Street Address 45 Wheeler Ave # 4D			City Bridgeport			State CT	Zip Code 06606	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event #  (if applicable)  Expenditure #  (if applicable)						\$135.00		
Name of Payee KENNETH GETER				Date of Pays 02/05/20			ment eck# <u>1020</u> bit Card	
Street Address 1260 Boston Ave			City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	C.C	diture # licable)	Event #	!		\$130.00	
Name of Payee KENNETH GETER				Date of Pays 02/05/20			ment eck # <u>0097</u> bit Card	
Street Address 1260 Boston Ave			City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES						Amount	
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No	C.C	diture # licable)	Event #			\$115.00	

	IV. EXPENDITURES (Se	ections N - S)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT	
Dejesus 2015			Itemized State Public Grant - 0	ment accompanying application for	
	N. Expenses Paid By Commi	ittee	,	- <b>3</b> ·	
Name of Payee TIENNA GUADARAMA			Date of Payment 02/05/2015		ment acck # <u>1022</u> bit Card
Street Address 609 Artic St # 2A		City Bridgeport		State CT	Zip Code 06608
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	Event #	\$20.00			
Name of Payee GIOVANNI MILAN			Date of Payment 02/05/2015		ment eck# <u>1024</u> bit Card
Street Address 80 Houston St		City Bridgeport		State CT	Zip Code 06606
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #		\$190.00
Name of Payee JOEL ROBLES			Date of Payment 02/05/2015		ment eck# <u>1027</u> bit Card
Street Address 1549 Central Ave		City Bridgeport		State CT	Zip Code 06610
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES				Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #		\$70.00

	IV. EXPENDITURES (	Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT		
Dejesus 2015			Itemized Stat	ement accompanying application for - Original		
	N. Expenses Paid By Com	nittee	p dollo elalik	- Crighton		
Name of Payee ERICK RODRIGUEZ			Date of Payment 02/05/2015	Method of Payment  X Check # 1028  Debit Card		
Street Address 174 Chestnut St		City Bridgeport		State Zip Code CT 06604		
Purpose of Expend WAGE	CAMPAIGN WORKER WAGES					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$120.00					
Name of Payee ROBERT VELAZQUEZ	Method of Payment  X Check # 1031  Debit Card					
Street Address 99 Bassick Ave		City Bridgeport		State Zip Code CT 06606		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	☐ No (if a	enditure # pplicable)	Event#	\$230.00		
Name of Payee HENNESHA WEBB			Date of Payment 02/05/2015	Method of Payment  X Check # 1033  Debit Card		
Street Address 65 Stueben St # 7		City Bridgeport		State Zip Code CT 06608		
Purpose of Expend WAGE	Description CAMPAIGN WORKER WAGES			Amount		
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event #	\$80.00		

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							ТҮРЕ	TYPE OF REPORT		
Dejesus 2015	Dejesus 2015							Itemized State Public Grant -		nying application for
		N.	. Expenses Paid B	y Commi	ttee			r abiio Giant	ong.na.	
Name of Payee TAYLOR HEWITT Date of Payment 02/05/2015								yment Theck # <u>1034</u> Debit Card		
Street Address 24 Kingsbury Rd  City Bridgeport							State CT	Zip Code 06610		
Purpose of Expend WAGE	CAMPAIGN WORKER WAGES									Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #							#	\$35.00		
								Total o	of Section N	\$7,363.88
			. EXPENDITUR		etions N - S)			ı		
NAME OF COMMITTE	E (Provide Complet	te Name as Ro	egistered with Comm	ission)					YPE OF REP atement accom	ORT  panying application
									Grant - Original	
		О. Ехре	enses Paid By Can	didate						
Name of Payee (Name of vendor	who candidate paid direct	ely)				_	Date of Pa	ment	Is Reimburso	ement Claimed? Yes No
Street Address			City			State	Zip	Code		Amount
Purpose of Expenditure (by code)	Description						Event#			
								To	tal of Section (	

NAME OF COMMITTEE   Provide Complete Name as Registered with Committee   P. Expenses Incurred on Committee   P. Expenses   P. Expenses   P. Expenses Incurred on Committee   P. Expenses			IV. EXPENDIT	URES (Section	ons N -	S)						
P. Expenses Incurred on Committee Credit Card  Name of Youting Institution  Name of Futuring Institution  Name of Futuring Institution  Name of Vendor  Store Address  Description  Once of Expenditure On Complete Institution in Address and Complet	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							TYPE OF REPORT				
Name of Toucing Intantion  Name of Toucing Intan	Dejesus 2015											
Name of Vendor  Name of Vendor  Name of Vendor  Street Address  City  Ci			P. Expenses Incurr	ed on Commit	tee Cre	dit Card						
Street Address   City   State   Zip Code	Name of Issuing Institution					Visa	Master (	Card Discov	er	American Express		
Purpose of Expenditure (by code)  Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure Vand complete Itemization in Addendum  IV. EXPENDITURES (Sections N - S)  IV. EXPENDITURES (Sections N - S)  IV. EXPENDITURES (Sections N - S)  V. Expension as Registered with Commission or Public Grant - Original accompanying application or Public Grant - Original accompanying	Name of Vendor								Date of Tra	nsaction		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum    Feeth #   Fee	Street Address					City			State	Zip Code		
which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum    If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign an Expenditure # and complete Itemization in Addendum   If yes, assign and itemized Itemization   If yes, assign and itemized Itemize	-	Г	Description							Amount		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Q. Expenses Incurred By Committee but Not Paid During this Period  Street Address  City  State    Description   Description	which reimbursement is sou	ught?					Event	#				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Dejesus 2015    City	ii yee, assigii aii 2siperana	If you, assign an Exponential or and complete normalization in reducitedin										
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  Dejesus 2015    City								Total of Section 1	?			
Dejesus 2015  **Temized Statement accompany application for Public Grant - Original  **Temized Statement accompany application for Public Grant - Original  **Temized Statement accompany application for Public Grant - Original  **Date Incurred  **Purpose of Expenditure (by code)  **Purpose of Expenditure (by code)  **Description  **Des			IV. EXPENDI	TURES (Sec	tions N	- S)						
Street Address   City   State   Zip Code	NAME OF COMMITTE	E (Pro	vide Complete Name as Registered	with Commission	n)			TYPE OF	REPORT			
Name of Creditor  Street Address  City  Purpose of Expenditure (by code)  Description  Street Address  Description  State  The purpose of Expenditure (by code)  State  The purpose of Expenditure (by code)  State  The purpose of Expenditure (by code)  Expenditure coordinated with another candidate for which reimbursement is sought?  Expenditure # (if applicable)  Expenditure # (if applicable)  Event # Event #	Dejesus 2015											
Street Address  City  State  State  Zip Code  Purpose of Expenditure (by code)  Description  Amount Incurred (Estimate or Actual)  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes No  Expenditure # (if applicable)  Event #			Q. Expenses Incurred By Cor	nmittee but No	t Paid I	During this Period		•				
Purpose of Expenditure (by code)  Bescription  Sum Expenditure (by code)  Amount Incurred (Estimate or Actual)  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  Expenditure # (if applicable)  No	Name of Creditor								Date Incurre	ed		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Expenditure # (if applicable)  No  Expenditure # (if applicable)	Street Address				City				State	Zip Code		
reimbursement is sought? (if applicable)  No		Descrip	tion									
n yes, assign an Experiunture # and completes nemization in Addendum Q	reimbursement is sought?					-	Event #					
	11 yes, assign an expenditure # a	mu compi	несь пенилации и лаценции Q									

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPO							PORT	PORT	
Dejesus 2015			Itemized Statement accompanying application for Public Grant - Original						
R. 1	temizatio	on of Reimbursements to	Committee Wo	rkers and (	Consu	ltants			
Last Name of Worker/Consultant ROSARIO		First JOEL	MI Date of Payment 01/29/2015			•	Method of Payment  X Check # 0092  Debit Card		
Secondary Payee WALMART					!		<u>, —</u>		
Street Address 150 Barnum Ave			City Stratford				State	Zip Code 06614	
Purpose of Expenditure (by code) OFFICE	Description	on	ı					Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?  If yes, assign an Expenditure # and completes !		Yes  X No  Addendum R	Expend (if appl			Event #		\$263.16	
Last Name of Worker/Consultant  ROSARIO		First		MI		e of Payment /29/2015	X C	of Payment heck # 0092 Debit Card	
Secondary Payee STAPLES					•				
Street Address			City				State	Zip Code	
1201 Kings Hwy			Fairfield				СТ	06432	
Purpose of Expenditure (by code) OFFICE	Description	on						Amount	
Is this expenditure coordinated with another cand which reimbursement is sought?  If yes, assign an Expenditure # and completes.	Expend (if appl			Event #		\$359.98			

	IV. EXPENDITURES	(Sections N -	- S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPO								
Dejesus 2015			Itemized Statement accompanying application for Public Grant - Original					
R. Itemiz	ation of Reimbursements to	Committee Wo	orkers and (	Consul	tants			
Last Name of Worker/Consultant ROSARIO	First JOEL		MI Date of Payment 01/29/2015			Method of Payment  X Check # 0092  Debit Card		
Secondary Payee AT&T	-							
Street Address		City				State	Zip Code	
5065 Main St Spc 1073	Trumbull		СТ	06611				
Purpose of Expenditure Description (by code) OFFICE							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization		Expenditure # (if applicable)  Event #				\$21.97		
Last Name of Worker/Consultant	First		MI	Date	of Payment	Method o	f Payment	
ROSARIO	JOEL			01/	29/2015	X Check # 0092  Debit Card		
Secondary Payee AT&T	•							
Street Address		City				State	Zip Code	
5065 Main St Spc 1073		Trumbull				СТ	06611	
Purpose of Expenditure Des (by code) OFFICE	ription						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)  Event #				\$21.97			
If yes, assign an Expenditure # and completes Itemizati	n in Addendani K	1			I	1		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPO							PORT	
Dejesus 2015  Itemized Statement accompublic Grant - Original						ompanying app	olication for	
R. Itemi	ation of Reimbursements to	Committee Wo	orkers and (	Consul	ltants			
Last Name of Worker/Consultant	First		MI Da		e of Payment	1 —	of Payment heck # 0092	
ROSARIO	JOEL	01/29/2015			Debit Card			
Secondary Payee AT&T	•							
Street Address		City				State	Zip Code	
5065 Main St Spc 1073	Trumbull	Trumbull				06611		
Purpose of Expenditure Description (by code) OFFICE							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemizat	1	Expenditure # (if applicable)  Event #				\$21.97		
Last Name of Worker/Consultant	First		MI	Date	e of Payment	Method o	of Payment	
ROSARIO	JOEL		01/29/2015			X C	heck # 0092  Debit Card	
Secondary Payee AT&T	•			•				
Street Address		City				State	Zip Code	
5065 Main St Spc 1073	Trumbull			СТ	06611			
Purpose of Expenditure Des (by code) OFFICE	cription						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)  Event #			\$21.97				

		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REF							PORT	
Dejesus 2015  Itemized Statement according Public Grant - Original						Itemized Statement accor Public Grant - Original	mpanying app	lication for
R. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant ROSARIO		First         MI         Date of Payment           JOEL         01/29/2015				Method of Payment  X Check # 0092  Debit Card		
Secondary Payee THE HOME DEPOT								
Street Address			City				State	Zip Code
656 Reservoir Ave			Bridgeport				СТ	06606
Purpose of Expenditure Description (by code) OFFICE								Amount
Is this expenditure coordinated with another candidate for					\$15.89			
			l		I	<u> </u>	Method o	f Payment
Last Name of Worker/Consultant  ROSARIO		First JOEL		MI		e of Payment /29/2015	X CI	neck # 0092  Debit Card
Secondary Payee AT&T							. —	
Street Address			City				State	Zip Code
5065 Main St Spc 1073			Trumbull				СТ	06611
Purpose of Expenditure (by code) OFFICE	Description	on						Amount
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes No	Expend (if appl			Event#		
If yes, assign an Expenditure # and completes l	Itemization in	<del>_</del>						\$21.97
						Total of Section R		\$748.88

Total of Section R

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF REPORT								
Dejesus 2015			Itemized Statement accompanying application for Public Grant - Original					
S. Surplus Distribution of Equipment and Furniture								
Name of Recipient								
Street Address	City	State	Zip Code	Original Purchase Amount of Item				
Description of Item								
			Total of Section S					