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. TY	PE OF COMMITTEE	
Cirello For State Representative						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First			MI	Last			Suffix	
Mary			С	Kelleher				
4. TREASURER ADDRESS								
Street Address		City			State		Zip Code	
49 Pope St		New I	Haven		СТ		06512	
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	mplete or	nly if Candidate	Committee)		7. DISTE	RICT NUMBER (if applicable	
11/04/2014	State Representativ	'e				R097		
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)					
First			MI	Last			Suffix	
John			A.	Cirello				
9. TYPE OF REPORT								
October 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	07/01/2014	thru	1	09/30/2014				
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.								
					NA / 2014 - 11	a.aa aa-		
Electronic Filing SIGNATURE	Mary Kelleher	CICNE	ZD		04/2014 1		I¥I	
SIGNATUKE	PRINT NAME OF THI	2 SIGNE	žK.	DATE	ECERTIFIED			
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$: AN ONE YEAR, OR BOTH.	1,000, OR IM	PRISONM	ENT	

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						
Cirello For State Representative	October 10 Filing - Original	October 10 Filing - Original						
,								
	COLUMN A	COLUMN B						
	This Period	Aggregate						
		88 -8						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$1,570.00							
14. Contributions received from Individuals (Section A and B)	\$2,970.00	\$4,640.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00						
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00						
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$2,970.00	\$4,640.00						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,540.00	\$4,640.00						
20. Expenses Paid by Committee (Section N)	\$3,687.06	\$3,787.06						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$852.94	\$852.94						
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 (Sc	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Cirello For State Representative			Octobe	r 10 Filing - Original			
A. Total Contributions from Small Contributors-Received this Period	od O	NLY	•	For Nonpartic	ipating Cand	idates ONLY	
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First				MI	Contribution ID #	
McNamara		Thomas				0076	
Residential Street Address	City				State	Zip Code	
29 Autumn Ridge Rd		Branford			СТ	06405	
Principal Occupation		Name of Employer	r				
Attorney		mcNan	nara & G	oodman			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? Yes Cash Regresonal Check							
No I Towns enter	07/0	01/2014		\$100.00		\$100.00	
If yes, list Event #	<u> </u>				L		
Last Name	Name First				MI	Contribution ID #	
Ferranti		Melissa			E	0080	
Residential Street Address	City				State	Zip Code	
170 Ocean View St	<u> </u>	New Haven			СТ	06512	
Principal Occupation		Name of Employer	r				
Teacher		Hamde	n BOE				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:			,	x No			
Is this contribution associated with a Social Soci	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? X No	07/	01/2014		\$20.00		\$20.00	
If yes, list Event #				Ψ20.00			
Last Name	First				MI	Contribution ID #	
Morgewicz		Robert				0077	
Residential Street Address	City				State	Zip Code	
397 Ferry St		New Haven			СТ	06513	
Principal Occupation		Name of Employer	r		•	•	
Catholic Priest		Archdie	ocese of	Hartford			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? Yes Cash Personal Check							
X No	07/0	01/2014		\$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							
Cirello For State Representative			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shand		Monique		R	0092			
Residential Street Address	City			State	Zip Code			
26 Westbrook Ln		New Haven		СТ	06515			
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	unt of Contribution			
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Shand	11130	Vanique		IVII	0094			
Residential Street Address	City	Variique		State	Zip Code			
26 Westbrook Ln		New Haven		СТ	06515			
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	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					
Cash Personal Check		00/004	445.00		445.00			
If yes, list Event # Money Order Credit/Debit Card	07/0	03/2014	\$15.00		\$15.00			
Last Name	First			MI	Contribution ID #			
Lucy DelPrete		SarahBeth			0075			
Residential Street Address	City			State	Zip Code			
155 Stevenson Rd		New Haven		СТ	06515			
Principal Occupation		Name of Employ	er					
Realtor		Seabı	ury Hill Realtors					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		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?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	07/0	04/2014	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
DelPrete		Daniel			0078			
Residential Street Address	City			State	Zip Code			
155 Stevenson Rd	ļ	New Haven		СТ	06515			
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 roodyrst?					
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		04/2014	125.00		+25.00			
If yes, list Event #	I 0//0	04/2014	\$25.00		\$25.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Cirello For State Representative			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Horowitz		Andrew			0073			
Residential Street Address	City			State	Zip Code			
38 Ley St		New Haven		СТ	06512			
Principal Occupation		Name of Employ	er					
Student			Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	10001100	riggregate contributions					
X No Cash Personal Check	07/	07/2014	\$5.00		\$5.00			
If yes, list Event #		,						
Last Name	First			MI	Contribution ID #			
Gray		Sarah			0074			
Residential Street Address	City			State	Zip Code			
38 Ley St		New Haven		СТ	06512			
Principal Occupation		Name of Employ	er					
Psychiatrist		Yale		-				
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 Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	07/	07/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Ferranti	FIISt	John		IVII	0071			
Residential Street Address	City	301111		State	Zip Code			
170 Ocean View St	City	New Haven		CT	06512			
Principal Occupation		Name of Employ	er	<u> </u>				
Teacher		Hamo	len BOE					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	·					
government the contract is with:			x No					
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 Cash Personal Check Money Order Credit/Debit Card	07/	12/2014	\$40.00		\$20.00			
T. M	Б							
Last Name Camarda	First	Lucy		MI	Contribution ID # 0072			
Residential Street Address	City	Lucy		State	Zip Code			
38 Girard Ave	City	New Haven		CT	06512			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00012			
			Employed					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
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 listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	12/2014	\$20.00		\$20.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Cirello For State Representative			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mezzanotte		Domenic		s	0034			
Residential Street Address	City			State	Zip Code			
26 Ley St		New Haven		СТ	06512			
Principal Occupation		Name of Employ						
La satisfaction with the state of the state			mployed obbyist, spouse, or	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Voc	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidatising event insect in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	20/2014	\$50.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Mezzanotte		Lisa		M	0035			
Residential Street Address	City			State	Zip Code			
26 Ley St	<u> </u>	New Haven Name of Employ	on.	СТ	06512			
Principal Occupation Project Leader			of New Haven					
			11.14	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	07/	20/2014	\$25.00		\$25.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Jacobs		Geoff			0042			
Residential Street Address	City	Name Harran		State	Zip Code			
51 Ley St Principal Occupation	<u> </u>	New Haven Name of Employ	or	СТ	06512			
тпісіра Оссираної		1 ,	mployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbvist spouse or	Amou	unt of Contribution			
Yes A No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Sociated 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	07/	20/2014	\$25.00		\$25.00			
Lav	F: .			\n_	G (3 (ID)			
Last Name Williams	First	James		MI L	Contribution ID # 0047			
Residential Street Address	City	James		State	Zip Code			
385 Stevenson Rd	City	New Haven		CT	06515			
Principal Occupation		Name of Employ	er					
		Retire	ed					
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: Executive Legislative	-	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 Cash X Personal Check	07/	21/2014	\$10.00		\$10.00			
If yes, list Event # Money Order Credit/Debit Card	0//.	Z1/ZU14	\$10.00		φ10.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Cirello For State Representative			October 10 Tilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Williams		Bertha		В	0048				
Residential Street Address	City			State	Zip Code				
385 Stevenson Rd Principal Occupation	Ь	New Haven Name of Employ	or	СТ	06515				
тпісіра Оссираної		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution				
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	07/2	21/2014	\$10.00		\$10.00				
If yes, list Event #	07,2	-1/2011	Ψ10.00						
Last Name	First			MI	Contribution ID #				
Jacobs		Theresa			0079				
Residential Street Address	City			State	Zip Code				
51 Ley St	<u> </u>	New Haven		СТ	06512				
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	unt of Contribution				
Yes X No	0	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	07/2	22/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Callahan	linst	Anne		R	0051				
Residential Street Address	City			State	Zip Code				
6 Ticon Ct		Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
		Retire							
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	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 fundaming over third in 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	07/2	24/2014	\$10.00		\$10.00				
Last Name Callahan	First	Vincent		MI R	Contribution ID # 0050				
Residential Street Address	City	VIIICEIIC		State	Zip Code				
6 Ticon Ct		Shelton		CT	06484				
Principal Occupation	<u> </u>	Name of Employ	er		!				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		асрениет сппа (a lobbyist?						
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	Assiegate Continuations						
X No Cash X Personal Check If yes, list Event # Money Order Credit/Debit Card	07/2	24/2014	\$10.00		\$10.00				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5 6	ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original					
Cirello For State Representative			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Rotondo		Kathleen		С	0044			
Residential Street Address	City			State	Zip Code			
79 Canterbury Ln		Milford		СТ	06460			
Principal Occupation		Name of Employ	er					
Financial Services		IAB S	olutions LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Grand High Section H2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event fisted in Section 31?								
X No Cash X Personal Check	07/	25/2014	\$50.00		\$50.00			
If yes, list Event #					·			
Last Name	First			MI	Contribution ID #			
Rotondo	1 1150	Marc		A	0045			
Residential Street Address	City	Haic		State	Zip Code			
	City	Milfoud		1	-			
79 Canterbury Ln		Milford		СТ	06460			
Principal Occupation		Name of Employ						
Sales			ft Equipment					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No T	07/2	25/2014	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Ahern		Nancy		V	0049			
Residential Street Address	City			State	Zip Code			
295 W Rock Ave		New Haven		СТ	06515			
Principal Occupation		Name of Employ	er					
Asst Clerk		State	of Ct					
			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 _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions					
X No Cash X Personal Check	07/	25/2014	\$20.00		\$20.00			
If yes, list Event # Money Order Credit/Debit Card	07/.	23/2014	\$20.00		\$20.00			
LAN	г				C (1 (ID)			
Last Name	First			MI	Contribution ID #			
Chandlier		Diane			0063			
Residential Street Address	City			State	Zip Code			
60 Forest Rd		West Haven		СТ	06516			
Principal Occupation		Name of Employ						
			Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?	,]		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining quant listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
X No T Cash	07/2	28/2014	\$20.00		\$20.00			
If yes, list Event # Money Order	ı		l .	I				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original			
Cirello For State Representative						
B. Itemized Contributions from	m Ind	lividuals		,		
Last Name Macmullen	First	William		MI	Contribution ID # 0052	
Residential Street Address	City			State	Zip Code	
76 Front St	L	New Haven		СТ	06513	
Principal Occupation		Name of Employe				
Architect			f New Haven	Amor	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o		Alliot	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # Cash No Cash No Personal Check Cash No Credit/Debit Card	07/2	28/2014	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Strode	11130	Erica		IVII	0055	
Residential Street Address	City	21.100		State	Zip Code	
168 Maple St # 1W		Naugatuck		СТ	06770	
Principal Occupation		Name of Employe	er		•	
Asst Store Manager		Starb	ucks	-		
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 government the contract is with:		dependent child o	x No			
Is this contribution associated with a Sociate Nation 122 X Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? If yes, list Event # 07292014A No	07/2	29/2014	\$50.00		\$50.00	
Last Name	First	-		MI	Contribution ID #	
Criscuolo	FIISt	John		M	0057	
Residential Street Address	City			State	Zip Code	
11 Arden St	<u> </u>	New Haven		СТ	06512	
Principal Occupation		Name of Employe				
HR Is contributor a principal of a state contractor or prospective state contractor?			University obbyist, spouse, or	Amor	unt of Contribution	
Yes 🔼 N	0	dependent child o	of a lobbyist?	Amot	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # 07292014A No X Cash Personal Check Money Order Credit/Debit Card	07/2	29/2014	\$40.00		\$40.00	
Last Name	First			MI	Contribution ID #	
Ocasio		Anaika			0058	
Residential Street Address	City			State	Zip Code	
120 Hyde St		New Haven		СТ	06512	
Principal Occupation		Name of Employe	er			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	-	dependent child o	of a lobbyist?			
government the contract is with:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
If yes, list Event # 07292014A No X Cash Personal Check No	07/2	29/2014	\$35.00		\$35.00	

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Cirello For State Representative			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ocasio		William			0059			
Residential Street Address	City			State	Zip Code			
120 Hyde St		New Haven		СТ	06512			
Principal Occupation		Name of Employ	er					
La satisfaction with in Lafe at the sate of the sate o		USPS	-11	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 07292014A No	07/	29/2014	\$35.00		\$35.00			
in yes, list Event # 07292014A Invioley Order Invioley Order								
Last Name	First			MI	Contribution ID #			
Higham		Jennifer			0060			
Residential Street Address	City			State	Zip Code			
6 Iver Ave		East Haven		СТ	06512			
Principal Occupation Photographer		Name of Employ	mployed					
			11.14	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	7 111100	ant of Continuation			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event fisted in Section 31?								
U No I ☐ ····· ☐ ·····	07/	29/2014	\$30.00		\$30.00			
If yes, list Event # 07292014A								
Last Name	First			MI	Contribution ID #			
Defrank		Steven			0054			
Residential Street Address	City			State	Zip Code			
34 Evergreen Dr	<u> </u>	North Branfo		СТ	06471			
Principal Occupation		Name of Employ	^{er} Left & DeFrank					
Lawyer Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event # 07292014A No Money Order Credit/Debit Card	07/	29/2014	\$50.00		\$50.00			
in yes, iss Event in O723201-FA								
Last Name	First			MI	Contribution ID #			
Virtue		Brian			0081			
Residential Street Address	City	Name Harran		State	Zip Code			
229 Townsend Ave Principal Occupation	<u> </u>	New Haven	on.	СТ	06512			
Bar Owner		Name of Employ	opher Martins					
			11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	1 222700				
If yes, indicate which branch or branches of government the contract is with:			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 # 07292014A No San Service Cash Servic	07/	29/2014	\$100.00		\$80.00			

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Cirello For State Representative			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Virtue		Aidan			0082
Residential Street Address	City			State	Zip Code
229 Townsend Ave		New Haven		СТ	06512
Principal Occupation Student		Name of Employ None	er		
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 Executive Legislative		dependent child c	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		
If yes, list Event #	07/	29/2014	\$100.00		\$10.00
Last Name	First			MI	Contribution ID #
Virtue		Lynn			0083
Residential Street Address	City			State	Zip Code
229 Townsend Ave		New Haven		СТ	06512
Principal Occupation		Name of Employ	er		
Librarian			Haven Board of Ed	•	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent emid e	x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	07/	29/2014	\$100.00		\$5.00
If yes, list Event # 07292014A					
Last Name	First			MI	Contribution ID #
Virtue		Maxwell			0084
Residential Street Address	City			State	Zip Code
229 Townsend Ave Principal Occupation	<u> </u>	New Haven Name of Employ	ou.	СТ	06512
Librarian		1 ,	ਕ Haven Board of Ed		
				Amou	ınt of Contribution
Yes 🔼 No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	29/2014	\$100.00		\$5.00
Last Name	First			MI	Contribution ID #
Bosch		Claudia			0065
Residential Street Address	City			State	Zip Code
8 Townsend Ave		New Haven		СТ	06512
Principal Occupation		Name of Employ			
Lecturer			rsity of New Haven		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # 07292014A No No No No No No No Credit/Debit Card	07/	29/2014	\$20.00		\$20.00

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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					
Cirello For State Representative			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Buterbaugh		Kevin			0066
Residential Street Address	City			State	Zip Code
8 Townsend Ave	L	New Haven		СТ	06512
Principal Occupation		Name of Employ			
		SCSU			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidraising event fisted in Section 31?					
If yes, list Event # 07292014A No Cash Personal Check No Money Order Credit/Debit Card	07/2	29/2014	\$20.00		\$20.00
In yos, list Event in O723201-FA					
Last Name	First			MI	Contribution ID #
Carroll		Barbara			0070
Residential Street Address	City			State	Zip Code
165 Hyde St	Щ,	New Haven		СТ	06512
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 X N	О	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 07292014A No Sash Creek No Money Order Credit/Debit Card	07/2	29/2014	\$10.00		\$10.00
11 yes, list Event # 07292014A	<u> </u>			<u> </u>	
Last Name	First			MI	Contribution ID #
Azzolina		Mark			0069
Residential Street Address	City			State	Zip Code
77 Minor Rd		East Haven		СТ	06512
Principal Occupation Graphic Designer		Name of Employ			
		Big Pr	obbyist, spouse, or	Amoi	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of		7 111100	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event fisted in Section 31?					
If yes, list Event # 07292014A No Sash Credit/Debit Card	07/2	29/2014	\$10.00		\$10.00
in yes, list Event in O723201774					
Last Name	First			MI	Contribution ID #
McManus		Edward		J	0053
Residential Street Address	City			State	Zip Code
2 Sunwoods Cir	L	Hamden		СТ	06518
Principal Occupation		Name of Employ	er anus Law Firm		
Attorney Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	o	dependent child of	Vac	Aiilot	an or contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check					
If yes, list Event # 07292014A No	07/2	29/2014	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Cirello For State Representative October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Phillipino		Paul		V	0046				
Residential Street Address	City			State	Zip Code				
78 Olive St # 232	L	New Haven		СТ	06511				
Principal Occupation Membership development		Name of Employ	^{er} ts Of Columbus						
			11 1	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 07292014A No Money Order Credit/Debit Card	07/2	29/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Palluzzi	1 1130	Tricia		IVII	0043				
Residential Street Address	City			State	Zip Code				
17 Hervey St		New Haven		СТ	06512				
Principal Occupation	•	Name of Employ	er		•				
Architect		Geddi	s Architects	_					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (
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						
No Cash X Personal Check	07/	29/2014	\$50.00		\$50.00				
If yes, list Event # 07292014A		-, -	12222						
Last Name	First			MI	Contribution ID #				
Lozaday		Peter		С	0030				
Residential Street Address	City			State	Zip Code				
84 Kent Ct	<u> </u>	Meriden		СТ	06450				
Principal Occupation		Name of Employ							
Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes 🔼 No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31?									
If yes, list Event # 07292014A No Money Order X Credit/Debit Card	07/2	29/2014	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
knofla	1 1150	Tracy		A	0031				
Residential Street Address	City	<u> </u>		State	Zip Code				
7 Edge Hill Rd		Guilford		СТ	06437				
Principal Occupation		Name of Employ	er	-	-				
Consultant			Impact Training						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			55 -5						
If yes, list Event # 07292014A No Cash Personal Check Money Order Credit/Debit Card	07/2	29/2014	\$35.00		\$35.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cavrell		Peter			0032				
Residential Street Address	City			State	Zip Code				
74 Quail Run		Madison		СТ	06443				
Principal Occupation		Name of Employ	er						
		The B	ostonGroup						
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		dependent chira (x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	07/	29/2014	\$50.00		\$50.00				
If yes, list Event # 07292014A	,		7-2						
Last Name	First			MI	Contribution ID #				
Moscowitz		Michael		1	0033				
Residential Street Address	City			State	Zip Code				
171 Cove St		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Attorney			mployed	-					
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		аерепаент сппа с	<u></u>						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	07/	20/2014	¢100.00		¢100.00				
If yes, list Event # 07292014A	077.	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Cassell		Ian		E	0036				
Residential Street Address	City			State	Zip Code				
51 Pope St		New Haven		СТ	06512				
Principal Occupation	-	Name of Employ	er		•				
Foreman		Yale l	Jniversity						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
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 Cash X Personal Check	07/	29/2014	\$20.00		\$20.00				
If yes, list Event # 07292014A	077.	29/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Cotlier-Cassell		Moira			0037				
Residential Street Address	City			State	Zip Code				
51 Pope St		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er	-	•				
HS Teacher		City C	OF New Haven						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent child (x No						
government the contract is with: Legislative Legislative	D.	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	07/	29/2014	\$20.00		\$20.00				
If yes, list Event # 07292014A Money Order Credit/Debit Card	I "''	-)/2017	φ20.00	1	420.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Cirello For State Representative October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fasano		Victor		Р	0038				
Residential Street Address	City			State	Zip Code				
86 Springside Ave # E-8	1	New Haven		СТ	06515				
Principal Occupation Title Searcher		Name of Employ	^{er} Employed						
			11.14	Amou	unt of Contribution				
Yes X	No	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidaising event listed in Section 31:									
If yes, list Event # 07292014A No South Amoney Order Credit/Debit Card	07/	29/2014	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Dilieto	FIISt	Andrea		IVII	0039				
Residential Street Address	City	7 iliai ca		State	Zip Code				
109 Dwight St # 7		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
		Self E	mployed						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative	Dete	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	07/	29/2014	\$100.00		\$100.00				
If yes, list Event # 07292014A			Ψ100.00						
Last Name	First			MI	Contribution ID #				
Kelleher		Mary		С	0040				
Residential Street Address	City			State	Zip Code				
49 Pope St	<u> </u>	New Haven		СТ	06512				
Principal Occupation		Name of Employ							
Project Manager Is contributor a principal of a state contractor or prospective state contractor?			olutions, LLC obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	No	dependent child of		Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining over this ties of the second of the	Date	Received	Aggregate Contributions						
Tunidaising event listed in Section 31:									
If yes, list Event # 07292014A No Solution No Money Order Credit/Debit Card	07/	29/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Buonpane	FIISt	Patricia		A	0041				
Residential Street Address	City	Tutificia		State	Zip Code				
22 Valley Brook Ln		North Haven		СТ	06473				
Principal Occupation		Name of Employ	er		•				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	No	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:			L□ No						
Is this contribution associated with a	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash X Personal Check	Date	Received	Aggregate Contributions						

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Milone		Joseph		Α	0064				
Residential Street Address	City			State	Zip Code				
Anthony Drive	<u> </u>	New Haven		СТ	06512				
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	ant of Contribution				
If was indicate which beaugh as broughes of	0	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						
No Service And Advanced In Section 1997	07/	20/2014	¢20.00		\$20.00				
If yes, list Event # 07292014A	077.	29/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Miklos		MaryBeth			0067				
Residential Street Address	City			State	Zip Code				
15 S Forest Rd		West Haven		СТ	06516				
Principal Occupation		Name of Employ							
Paralegal		US Go	-						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?									
If yes, list Event # 07292014A No South Cash Personal Check Money Order Credit/Debit Card	07/	29/2014	\$40.00		\$20.00				
If yes, list Event # 07292014A				<u> </u>					
Last Name	First			MI	Contribution ID #				
Tankus		Ed			0068				
Residential Street Address	City	Duanfaud		State CT	Zip Code 06405				
14 Gardon St Principal Occupation	<u> </u>	Branford Name of Employ	er	CI	06405				
Media			Plate Radio						
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 _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No No Personal Check	07/	29/2014	¢20.00		¢20.00				
If yes, list Event # 07292014A	077.	29/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Parisi		Rosemarie			0099				
Residential Street Address	City			State	Zip Code				
164 Dover St		New Haven		СТ	06513				
Principal Occupation		Name of Employ Retire							
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	υ	dependent child of	or a robbyist?						
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		20/204 :	105.00		+25.00				
If yes, list Event # No Money Order Credit/Debit Card	07/	29/2014	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ortiz		Jody			0061				
Residential Street Address	City			State	Zip Code				
60 Soundview Ter		New Haven		СТ	06512				
Principal Occupation		Name of Employ							
		Retire		 					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	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 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	07/	30/2014	\$20.00		\$20.00				
In you, and I want of the control of									
Last Name	First			MI	Contribution ID #				
Skerritt	a:	Yolanda		G: :	0062				
Residential Street Address	City	New Heyes		State	Zip Code				
145 Stuyvesant Ave Principal Occupation	<u> </u>	New Haven Name of Employ	er	СТ	06512				
ттери оссиранов		rume of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
	D	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						
Tunidraising event risted in Section 71:									
If yes, list Event # Cash Personal Check No	07/	30/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Olden	1 1150	James			0056				
Residential Street Address	City			State	Zip Code				
33 Woodside Ter		Milford		СТ	06460				
Principal Occupation		Name of Employ	er	•	•				
Teacher		Orang	je BOE						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with 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	07/	30/2014	\$50.00		\$50.00				
If yes, list Event #					·				
Last Name	First			MI	Contribution ID #				
Castello		Catherine			0093				
Residential Street Address	City			State	Zip Code				
31 Seaview Ave		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
HR Representative Is contributor a principal of a state contractor or prospective state contractor?		Yale Is contributor a l	obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event #	07/	30/2014	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Barra		Teddi			0104				
Residential Street Address	City			State	Zip Code				
12 Lakeview Dr	L	Branford		СТ	06405				
Principal Occupation		Name of Employ							
Transportation Director Is contributor a principal of a state contractor or prospective state contractor?			daven Board of Ed 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:			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	07/3	31/2014	\$50.00		\$50.00				
	I .			I					
Last Name	First	-		MI	Contribution ID #				
Vessicchio Residential Street Address	City	Tony		State	0095 Zip Code				
66 Pope St	City	New Haven		CT	06512				
Principal Occupation	<u>. </u>	Name of Employ	er	CI	1 00312				
			f New Haven						
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	3	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									
If yes, list Event # Money Order Credit/Debit Card	07/:	31/2014	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Caciappo	1 1150	Sheri			0096				
Residential Street Address	City			State	Zip Code				
25 Pope St		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er	-	•				
Office Manager		Talma	adge Park Rehab						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	07/3	31/2014	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Egan		Glenn		Р	0097				
Residential Street Address	City			State	Zip Code				
25 Pope St	<u> </u>	New Haven		СТ	06512				
Principal Occupation		Name of Employ							
Welder Is contributor a principal of a state contractor or prospective state contractor?			Fence obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	Aillot	an or contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/3	31/2014	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Cirello For State Representative	October 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
kirkwood		Catherine		Α	0098				
Residential Street Address	City			State	Zip Code				
163 Ocean Vw		New Haven		СТ	06512				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	07/	31/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Maturo		Isabel			0101				
Residential Street Address	City			State	Zip Code				
81 Sugar Hill Rd		North Haven		СТ	06473				
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? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with 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	08/	01/2014	\$100.00		\$100.00				
If yes, list Event #		, .	,						
Last Name	First			MI	Contribution ID #				
Stevens		Mark		D	0100				
Residential Street Address	City			State	Zip Code				
11 Conhurst Dr		North Haven		СТ	06473				
Principal Occupation		Name of Employ							
Financial Advisor			II & Reed obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Amot	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? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	01/2014	\$100.00		\$100.00				
L	E: .			L	Louis B"				
Last Name Henry	First	Robert		MI	Contribution ID # 0102				
Residential Street Address	City	ROBERT		State	Zip Code				
41 Pope St		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er		1				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Legislative Legislative Mathed of contribution:	D-4	Dagaired							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	08/	01/2014	\$20.00		\$20.00				
If yes, list Event #	l É		*	I					

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cinque		Jennifer		L	0085				
Residential Street Address	City			State	Zip Code				
100 Fort Hale Rd		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Director HR Is contributor a principal of a state contractor or prospective state contractor?		Yale	obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Aillot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tulindiasing event insect in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	08/	01/2014	\$50.00		\$25.00				
	l				1				
Last Name	First	_		MI	Contribution ID #				
Ranz Residential Street Address	City	Carey		State	0087 Zip Code				
34 Ley	City	New Haven		CT	06512				
Principal Occupation		Name of Employ	er	CI	00312				
· F- · · · · · · · · ·									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Gundanicing quent listed in Section 112	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	08/	01/2014	\$10.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Ranz	11130	Sean		IVII	0088				
Residential Street Address	City			State	Zip Code				
34 Ley		New Haven		СТ	06512				
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 Yes	Amou	ant 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	08/	01/2014	\$10.00		\$5.00				
If yes, list Event #		,	1 1 1 1						
Last Name	First			MI	Contribution ID #				
Mordeca		Chris			0086				
Residential Street Address	City			State	Zip Code				
780 Orange St		New Haven		СТ	06511				
Principal Occupation		Name of Employ							
Chef Is contributor a principal of a state contractor or prospective state contractor?			Romeo obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	an or Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event #	08/	01/2014	\$25.00		\$25.00				

I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original								
Cirello For State Representative								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bauer		Elliot		N	0103			
Residential Street Address	City			State	Zip Code			
39 Widing Trail Ln		Cheshire		СТ	06410			
Principal Occupation		Name of Employ	er					
Loan Officer		Prosp	ect Mortgage					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31:								
X No Cash X Personal Check	08/0	04/2014	\$75.00		\$75.00			
If yes, list Event #		•			<u> </u>			
Last Name	First			MI	Contribution ID #			
Finley		Meghan		K	0089			
Residential Street Address	City	rieghan		State	Zip Code			
25 Kneeland Rd	City	New Haven		CT	06512			
Principal Occupation		Name of Employ	on.	CI	00312			
Teacher			hester CC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with a Grandwising quantilisted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	08/	19/2014	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Seipold		Robbin		Α	0090			
Residential Street Address	City			State	Zip Code			
900 Chapel St Apt 505		New Haven		СТ	06510			
Principal Occupation		Name of Employ	er	-	•			
Development		CAPA	/Shubert					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
To this contribution are cived with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash X Personal Check	08/:	19/2014	\$10.00		\$10.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Tiedemann		John		Н	0091			
Residential Street Address	City	301111		State	Zip Code			
295 Kneeland Rd	City	Now Haven		CT	06512			
Principal Occupation	Ь	New Haven	or.	I C1	00312			
ттора оссиранов		Name of Employ Retire						
Is contributor a principal of a state contractor or proceeding state contractor?			abbyigt groups or	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	н от Сонатопноп			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative		n · ·						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
llyl a	l .							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/2	23/2014	\$20.00		\$20.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Knott		Andrew			0105				
Residential Street Address	City			State	Zip Code				
19 Florence Ave		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er	•	•				
Attorney		Knott	& Knott						
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:									
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	00/	22/2014	±100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	09/0	02/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Aponte	First	Benjamin		IVII	0107				
Residential Street Address	City	Denjamin		State	Zip Code				
87 Glenbrook Rd # 5G	City	Stamford		CT	06902				
Principal Occupation	Ь	Name of Employ	er	<u> </u>	00902				
Attorney		1 ,	on of Public Defender's Servi	ces					
			obbyist, spouse, or		ant of Contribution				
Yes X No	o	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	09/0	07/2014	\$20.00		\$20.00				
If yes, list Event #			· ·		-				
Last Name	First			MI	Contribution ID #				
Lovegren		Meghan			0106				
Residential Street Address	City			State	Zip Code				
19 Florence Ave		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er	-	•				
Manager		Bristo	l Myers						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with: Executive			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 Cash Personal Check Money Order Credit/Debit Card	09/0	09/2014	\$10.00		\$10.00				
	г								
Last Name McDermott	First	Terese		MI N	Contribution ID # 0113				
Residential Street Address	City	rerese		State	Zip Code				
24 Anthony Dr	City	New Haven		CT	06512				
Principal Occupation	-	Name of Employ	er	<u> </u>	1 00312				
Teacher			f New Haven						
		· ·	-literiat constant	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with 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 #	09/0	09/2014	\$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								
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McDermott		James			0114				
Residential Street Address	City			State	Zip Code				
24 Anthony Dr		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent cinia (
government the contract is with:	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	ng/i	09/2014	\$5.00		\$5.00				
If yes, list Event # Money Order	03/	09/2014	\$5.00		45.00				
Last Name	First			MI	Contribution ID #				
McDermott		Frank		J	0115				
Residential Street Address	City			State	Zip Code				
24 Anthony Dr		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er		•				
Mail Carrier		USPS							
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? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	09/	09/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
McDermott	FIISt	Idal		C	0116				
Residential Street Address	City			State	Zip Code				
24 Anthony Dr		New Haven		СТ	06512				
Principal Occupation	!	Name of Employ	er		!				
General Worker		City o	f New Haven BOE						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
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 # No Money Order Credit/Debit Card	09/	09/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
McDermott	1 1130	Frank		1411	0117				
Residential Street Address	City			State	Zip Code				
24 Anthony Dr		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er		•				
Finisher		Centu	ry Drywall						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	00.6	00/2014	#F 00		¢E 00				
If yes, list Event # Money Order Credit/Debit Card	09/	09/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Cirello For State Representative			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McSweeney		Anthony			0111				
Residential Street Address	City			State	Zip Code				
119 Girard St		New Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
		Stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	ng/	13/2014	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	09/	13/2014	\$3.00		\$3.00 				
Last Name	First			MI	Contribution ID #				
Amodio		Rina			0112				
Residential Street Address	City	-		State	Zip Code				
59 Pope St		New Haven		СТ	06512				
Principal Occupation	•	Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidraising event risted in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	09/	13/2014	\$5.00		\$5.00				
				L					
Last Name	First	M-III.		MI	Contribution ID #				
Harris Residential Street Address	City	Malik		State	0108 Zip Code				
519 Townsend Ave	City	New Haven		CT	06512				
Principal Occupation		Name of Employ	er	Ci	00312				
- The state of the		Stude							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with 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	09/	16/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Harris	City	Susan		Ct-t-	0109				
Residential Street Address 519 Townsend Ave	City	New Haven		State CT	Zip Code 06512				
Principal Occupation	<u> </u>	Name of Employ	er	CI	00312				
HR Assistant			nes LLC						
			.1.1	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Talliand and seed on S									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	16/2014	\$10.00		\$10.00				

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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 October 10 Filing - Original				
Cirello For State Representative			October to Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Ridgeway		Patricia			0110		
Residential Street Address	City			State	Zip Code		
119 Girard St		New Haven		СТ	06512		
Principal Occupation		Name of Employ N/A	er				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		асренает стпа с	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 Cash Personal Check Money Order Credit/Debit Card	09/	16/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Elicker		Joan		С	0120		
Residential Street Address	City			State	Zip Code		
121 Thayer Pond Rd		New Canaan		СТ	06840		
Principal Occupation	ncipal Occupation Name of Employer						
Homemaker		n/a	obbyist, spouse, or				
Is contributor a principal of a state contractor or prospective state contractor?	Amou	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	x No				
Is this contribution associated with a Method of contribution:	Method of contribution: Date Received Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	09/	17/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Cox		Katha		М	0118		
Residential Street Address	City			State	Zip Code		
235 Townsend Ave .		New Haven	CT 06512				
Principal Occupation		Name of Employ					
Retired		Retire		A	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Aillou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tunidiasing event listed in Section 31?							
If yes, list Event # Cash Money Order Personal Check Money Order Credit/Debit Card	09/	22/2014	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Cox		Bernard		J	0119		
Residential Street Address	City			State	Zip Code		
235 Townsend Ave .		New Haven		СТ	06512		
Principal Occupation		Name of Employ					
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}				
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	09/	22/2014	\$50.00		\$50.00		

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								1 age 20 01 37
I. N	MONE	TARY RECEIP	TS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as	Registered	d with Commission)				F REPORT		
Cirello For State Representative					October 10 Fil	ng - Original		
B. I	temized	Contributions fr	om Inc	lividuals				
Last Name			First				MI	Contribution ID #
Godfrey				Seth			J	0121
Residential Street Address			City				State	Zip Code
421 Whitney Ave			New Haven CT					06511
Principal Occupation				Name of Employ	er		•	
Librarian				City o	of New Haven			
Is contributor a principal of a state contractor or prospective state contractor	?	Yes	No		obbyist, spouse, or	Yes	An	nount of Contribution
If yes, indicate which branch or branches of	_	L ies L	NO	dependent child of	of a lobbyist?			
government the contract is with:	Ш	Legislative				x No		
l Vac	f contribution	n:	Date	Received	Aggregate Contrib	utions		
rundraising event instead in Section 31:		X Personal Check						
X No	ev Order	Credit/Debit Card	09/	30/2014		\$5.00		\$5.00
							ı	
Total of Section B								\$2,970.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14 of Summary Page)							\$2,970.00	
TOTAL OF ALL CONTRIBUTIONS FROM IND	IVIDUA	.LS (56	cuons A	+ b) (10	iai on Line 14 oj S	ummary Fage)		\$2,970.00
T .	MONIES	EADY DECEU	TO (O	A . T.				
1. 1	MONE.	TARY RECEIP	15 (5	ection A-1)				
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with Commission)				TYP	E OF REI	PORT
	egistered	with Commission)						
Cirello For State Representative						October 10 F	-iling - Orig	ginal
C1 C-	4:14:	f O4b (٦•	44				
C1. C0	ntributi	ons from Other (ommi	ttees				
Name of Committee				Name of Treasur	er			
Address		Is	this contri	bution associated w	vith a	Yes	No	Amount of Contribution
		l l		g event listed in Sec		103	110	
				If yes, list Event	#			
	State	Zip Code	Date R		Aggregate Cont	ributions		
City					00 .0			
					· ·			
						Total of Sect	ion C1	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE						T	YPE OF REPOR	Т	
Cirello For State Representa	ntive					October 10 Filing - Original			
	C2. Reimbursements, Pag	yments, or S	Surplus D	istributi	ions from other Co	ommittees			
Name of Committee					Name of Treasurer				
Address						Date Received	l	Amount of Receipt	
City		State	Zip Code		Reimbursement for s				
		•				Tot	tal of Section C2	2	
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE						ТҮРЕ (TYPE OF REPORT		
Cirello For State Representa	ative					October 10 F	iling - Original		
D. Loans Received this Period									
Name of Lender				Source of		Individua	l Other	Date of Receipt	
Street Address			City	Dank	Candidate	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if application)	ble)		<u> </u>			ı	I	Amount Received	
Street Address			City			State	Zip Code		
						<u> </u>	Total of Section	D	
								•	
	I. MON	ETARY R	ECEIPT	'S (Sect	ion A-I)				
NAME OF COMMITTEE							TYPE OF REPO	PRT	
Cirello For State Represen	tative					Octo	ober 10 Filing - Orig	inal	
E. Personal l	Funds of the Candidate Ro	eceived this	Period (C	Candidat	e Committees ON	LY)			
Date of Receipt	Method of Payment Cash	Per	sonal Check		Credit/Debit Card			Amount	
						Total of	Section E		

I. Mo	onetary Receipts (Section A-I)								
NAME OF COMMITTEE				TYPE OF REPOR	Т				
Cirello For State Representative			Octol	ber 10 Filing - Original					
G. Interest fro	m Deposits in Authorized Accounts								
Name of Institution		Dat	e Receive	ed	Amount				
Street Address	City	State		Zip Code					
			•	Total of Section G					
I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE		TYPE OF REPORT	•						
Cirello For State Representative	Octo	ober 10 Filing - Original							
H. Public Grant Funds Received from the Citizens' Election Fund									
Purpose of Grant: Grant:	Date Received	Amount							
Initial Grant Adjustment	Primary General Election S	special Elect	tion						
Supplemental/Post Election Deficit									
·				Total of Section H					
I. MO	NETARY RECEIPTS (Section A-K))							
NAME OF COMMITTEE				TYPE OF REPOR	Т				
Cirello For State Representative			Octol	ber 10 Filing - Original					
I. Miscellaneous M	Ionetary Receipts not Considered Contr	butions			·				
Name			Date	of Transaction	Amount Received				
Street Address	City	State		Zip Code]				
Description		•							
				Total of Section	I				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)											
NAME OF COMMITTEE								TYPE OF I	REP	ORT	
Cirello For State Representative								October 10 Filing - Or	riginal		
	J1. Fund	raising Event I	Informa	tion				•			
Fundraising Event # Date of Fundraiser Letter 07/29/2014 A	Description Cocktail Event										
Location: Street Address 680 State St							City New Have	en		State	Zip Code 06511
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 an 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. No											
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						\$0.00					
							To	otal of Section J1			\$0.00
	II. FUNDRAISI	NG EVENT A	ACTIV.	ITY (Section	ıs J1 - J	[3)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Com	nmission)					TYPE OF REPORT			
Cirello For State Representative							Od	ctober 10 Filing - Origina	al		
	J3. In-Kind Donat	ions Not Consi	idered C	ontrik	outions						
Name of the Donor											
Street Address					City					State	Zip Code
Donation Given by:	Description of Donation				•						rket Value of
Individual										יט	onation
Business Entity	Date Received	Event #				Ag	ggregate value	for this event			
Sole Proprietorship											
								Total of Section J3			

III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE					TY	PE OF REP	ORT		
Cirello For State Representative					October 10 Fili	ng - Original			
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 I1? If yes, list Event# No Description of In-Kind Contribution									
						arket Value of this Contribution			
Type of Contributor:			Date Received						
Individual Committee Sole Pr	Sole Proprietorship								
					Total of	Section K			
III. Non Mon	etar	v Recei	pts (Sections K - N	M)					
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commissi	ion)		ТҮРІ	E OF REPO	RT		
Cirello For State Representative					October 10 Filin	ng - Original			
L. Refundable Deposit t	o Tel	lephone	Company						
Last Name of Individual		First Nam	ne		MI	Date Dep	osit Made		
Residential Street Address	Ci	ity		State	Zip Code			mount of Deposit	
Name of Telephone company									
Street Address City State Zip Code									
					Total of S	ection L			

III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE			TYPE OF REPORT	,					
Cirello For State Representative	Cirello For State Representative								
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)	Name of Treasurer								
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	vide Complete Name as Registered with Commission)		TYPE	OF REPORT				
Cirello For State Representati	ive		October 10 Fili	ng - Original				
	N. Expenses Paid By Commi	ittee						
Name of Payee Harland Clarke Checks			ate of Payment 7/11/2014	Method of Payment Check # X Debit Card				
Street Address TD Bank Chapel Street		City New Haven		State Zip Code CT 06510				
Purpose of Expend BNK	of Expend Description Cheks for account							
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$136.72							
Name of Payee Brian Sundae	ate of Payment 7/18/2014	Method of Payment X Check # 1003 Debit Card						
Street Address 171 Elm St		City Winsted		State Zip Code CT 06098				
Purpose of Expend PRNT	Description Design of Palm Cards			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 #	\$125.00				
Name of Payee St. Bernadette's Church			ate of Payment 7/22/2014	Method of Payment X Check # 102 Debit Card				
Street Address Townsend Avenue		City New Haven		State Zip Code CT 06512				
Purpose of Expend A-OTH	Description Sign to Sponsor the St. Bernadette's Carnival			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 #	\$1,000.00				

NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT		
Cirello For State Representati	ve			October 10 Fili	ing - Original		
	N. Expenses Paid By Com	nittee					
Name of Payee Christopher Martins Resturant			Date of Payr 07/29/20		1 =	ment eck # bit Card	
Street Address 680 State St		City New Haven	•		State CT	Zip Code 06511	
Purpose of Expend FOOD	Description Drinks for attendees at fundraiser					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) 072920					\$92.46		
Name of Payee Square Date of Payn 07/29/20					Method of Payment Check # Debit Card		
Street Address 1455 Market St		City San Francisco			State CA	Zip Code 94103	
Purpose of Expend BNK	Description Credit Card Processing Fee					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No (if a	enditure # pplicable)	Event #			\$5.18	
Name of Payee TD Bank			Date of Payr 07/31/20		ı =	ment eck # bit Card	
Street Address Chapel Street		City New Haven			State CT	Zip Code 06510	
Purpose of Expend BNK	Description Bank Fee for Checking account					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event #			\$25.00	

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	n)		TYPE	OF REPORT		
Cirello For State Representati	ve			October 10 Fili	Filing - Original		
	N. Expenses Paid By Cor	nmittee					
Name of Payee GoFor Services			Date of Pays 08/18/20			rment neck# <u>1004</u> ebit Card	
Street Address PO Box 411		City New Haven			State CT	Zip Code 06510	
Purpose of Expend POST	Description Currier Fee for SOS Filing						
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	ŧ	\$86.11					
Name of Payee Screen Tek Date of Payment 08/27/2014					Method of Payment X Check # 1005 Debit Card		
Street Address 130 Welton St		City Hamden			State CT	Zip Code 06517	
Purpose of Expend PRNT	Description Campaign shirts					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x No	expenditure # if applicable)	Event #	ŧ		\$276.51	
Name of Payee Tyco			Date of Pays 09/04/20		. —	rment neck# <u>1006</u> ebit Card	
Street Address 562 Elm St		City New Haven			State CT	Zip Code 06510	
Purpose of Expend A-OTH	Description Palm Cards					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		expenditure # if applicable)	Event #	ŧ		\$313.73	

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)	,	TYPE	OF REPORT		
Cirello For State Representati	ive		October 10 Fili	Filing - Original		
	N. Expenses Paid By Commi	ttee	'			
Name of Payee Jennifer Higham Photography			ate of Payment 9/04/2014		ment seck # <u>1008</u> sbit Card	
Street Address 6 Iver Ave		City East Haven		State CT	Zip Code 06512	
Purpose of Expend A-OTH	Campaign Photos					
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$372.23					
Name of Payee Marketing 101 LLC Date of Payin 09/08/20				Method of Payment X Check # 1010 Debit Card		
Street Address 15 Baer Cir		City East Haven		State CT	Zip Code 06512	
Purpose of Expend A-OTH	Description Lawn Signs			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 #		\$825.00	
Name of Payee Bella Vista Community Fund			ate of Payment 9/22/2014		ment eck# <u>1011</u> bit Card	
Street Address 343 Eastern St		City New Haven		State CT	Zip Code 06513	
Purpose of Expend Misc *	Description Room Rental for Meet and Greet.				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 #		\$150.00	

	IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Commis	ssion)			ТҮРЕ	TYPE OF REPORT				
Cirello For State Representati	ve				October 10 Fili	ing - Original				
	N. Expenses Paid By	Commi	ttee							
Name of Payee Shore Publishing LLC Date of Payme 09/23/201						. =	rayment Check # 1012 Debit Card			
Street Address PO Box 1010			City Madison	·		State CT	Zip Code 06443			
Purpose of Expend A-MAG	Description Newspaper ad						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					#		\$210.00			
Name of Payee Tyco				Date of Pa 09/30/2		Method of Payment X Check # 1013 Debit Card				
Street Address 262 Elm St			City New Haven			State CT	Zip Code 06510			
Purpose of Expend PRNT	Description Posters for bella vista event						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$69.12				
					Total o	f Section N	\$3,687.06			

Total of Section P

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							TYPE	TYPE OF REPORT				
						October 10 Filing - Original						
	O. Expe	nses Paid By	Candidate									
Name of Payee (Name of vendor who candidate paid directly)				Date of Paymer			nt Is Reimbursement Claime Yes			Claimed?	No	
Street Address City			City			Zip Code				A	mount	
Purpose of Expenditure (by code)	escription				·	Event #						
Total of Section O												
IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF I							OF RE	F REPORT				
Cirello For State Representative					October 10 Filing			- Original				
P. Expenses Incurred on Committee Credit Card												
Name of Issuing Institution			Т	Type of Credit Card: Visa Master Card Discover Am Other					American Expr	ress		
Name of Vendor								Date of Transaction				
Street Address				City	City					State	Zip Cod	le
Purpose of Expenditure (by code)	Description			Amount								
Is this expenditure coordinated with another candidate for Yes which reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum					penditure #		Event	#				

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
Cirello For State Representative						October 10 Filing	tober 10 Filing - Original		
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor						Date Incurred			
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code) Description	Description						Amount Incurred (Estimate or Actual)		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Add	No		Expenditure # (if applicable)						
Total of Section Q									
IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REP						PORT			
Cirello For State Representative October 10 Filing - Origin						al			
R. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant First		MI Date of Paym			e of Paymen	Check #			
Secondary Payee				<u> </u>				Debit Card	
Street Address		City					State	Zip Code	
							State	Др соце	
Purpose of Expenditure Description (by code)	on							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? No			Expenditure # (if applicable) Eve			t#			
If yes, assign an Expenditure # and completes Itemization in	Augendum K				Total et	Section R			

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Name as Register		TYPE OF REPORT						
Cirello For State Representative	October	October 10 Filing - 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					