

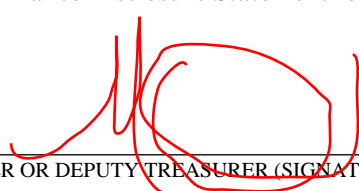
SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



COVER PAGE

1. NAME OF COMMITTEE			
Justin Elicker for Mayor			
2. TREASURER NAME			
First	MI	Last	Suffix
Melanie		Quigley	
3. TREASURER ADDRESS			
Street Address	City		State Zip Code
242 Nicoll St.	New Haven		CT 06511
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER
(mm/dd/yyyy)			(if applicable)
11/05/2013	Mayor		0
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Justin		Elicker	
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to Type of Report:
<input type="checkbox"/> July 10 filing	<input checked="" type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		
<input type="checkbox"/> Primary <input type="checkbox"/> Election			
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/04/2013		thru 10/27/2013	
10. 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.			
		Melanie Quigley	10/29/2013
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Justin Elicker for Mayor	7th Day Preceding Election	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees	0	0
12. Balance on hand at the beginning of Reporting Period	79,000.3	
13. Contributions Received from Individuals (Sections A and B)	33,441	251,857.21
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	2,128.46	56,623.46
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	35,569.46	308,480.67
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	114,569.76	308,480.67
19. Expenses Paid by Committee (Section P)	90,509.75	284,420.66
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	24,060.01	24,060.01
21. In-Kind Donations not Considered Contributions Received (Section L4)	1,405	3,389.5
22. In-Kind Contributions Received (Section M)		14.85
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		1,269
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	580	

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Abraham		First Elizabeth M.I.	
Residential Street Address 259 Alden Ave		City New Haven State CT Zip Code 06515-2111	
Principal Occupation Teacher		Name of Employer Ansonia High School	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013 Aggregate contributions \$37.00	
Last Name Anderson		First Edward M.I.	
Residential Street Address 123 York St, Ste 1C		City New Haven State CT Zip Code 06511-5660	
Principal Occupation Real Estate		Name of Employer Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/12/2013 Aggregate contributions \$270.00	
Last Name Annunziata		First Albert M.I.	
Residential Street Address 360 Humphrey St		City New Haven State CT Zip Code 06511-3938	
Principal Occupation Attorney		Name of Employer Esposito & Annunziata	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$370.00	

SUBTOTAL Section B - This Page		\$677.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Anthis		Kristine	
Residential Street Address		City	State
769 Whitney Ave		New Haven	CT
Principal Occupation		Name of Employer	
Professor		Southern CT State University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/27/2013	\$100.00
Last Name		First	
Antoniou		Kostas	
Residential Street Address		City	State
67 William St		New Haven	CT
Principal Occupation		Name of Employer	
n/a		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/22/2013	\$25.00
Last Name		First	
Antoniou		Toula	
Residential Street Address		City	State
67 William St		New Haven	CT
Principal Occupation		Name of Employer	
n/a		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/22/2013	\$25.00

SUBTOTAL Section B - This Page		\$150.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Arthur		Leslie	
Residential Street Address		City	
127 W Rock Ave		New Haven	
State		Zip Code	
CT		06515-2222	
Principal Occupation		Name of Employer	
Antiquarian Book Seller		William Reese Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$50.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/20/2013	
		Aggregate contributions	
		\$50.00	
Last Name		First	
Asnes		Andrea	
Residential Street Address		City	
324 Yale Ave		New Haven	
State		Zip Code	
CT		06515-2233	
Principal Occupation		Name of Employer	
Physician		Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$75.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/20/2013	
		Aggregate contributions	
		\$175.00	
Last Name		First	
Attianese		Mary Ann	
Residential Street Address		City	
111 Linden St		New Haven	
State		Zip Code	
CT		06511-2424	
Principal Occupation		Name of Employer	
Information Requested		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$25.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/24/2013	
		Aggregate contributions	
		\$25.00	

SUBTOTAL Section B - This Page		\$150.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Baker		First Catherine M.I.	
Residential Street Address 125 Lawrence St, Apt 1		City New Haven	State CT Zip Code 06511-2543
Principal Occupation Educator		Name of Employer Achievement First	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$100.00
Last Name Barkin		First Maggie M.I.	
Residential Street Address 272 W Elm St		City New Haven	State CT Zip Code 06515-2035
Principal Occupation Teacher		Name of Employer Region 5 Board of Ed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$20.00
Last Name Barth		First Morgan M.I.	
Residential Street Address 125 Lawrence St		City New Haven	State CT Zip Code 06511-2543
Principal Occupation Education		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$300.00

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Becker		Kedric	
Residential Street Address		City	State
50 Greenhill Ter		New Haven	CT
Zip Code		06515-1515	
Principal Occupation		Name of Employer	
Case manager		BH Care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/11/2013	\$25.00
Last Name		First	
Beinecke		Benjamin	
Residential Street Address		City	State
998 5th Ave		New York	NY
Zip Code		10028-0102	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/11/2013	\$50.00
Last Name		First	
Belt		Carolyn	
Residential Street Address		City	State
168 Westwood Rd		New Haven	CT
Zip Code		06515-2243	
Principal Occupation		Name of Employer	
None		None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	\$200.00

SUBTOTAL Section B - This Page		\$275.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Belt		David	
Residential Street Address		City	State Zip Code
168 Westwood Rd		New Haven	CT 06515-2243
Principal Occupation		Name of Employer	
Attorney		Hurwitz, Sagarin, Slossberg & Knuff, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$200.00
Last Name		First	
Bernardo		Matthew	
Residential Street Address		City	State Zip Code
246 Nicoll St, Apt 1L		New Haven	CT 06511-2662
Principal Occupation		Name of Employer	
Cook		Cafe Romeo	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/16/2013	\$25.00
Last Name		First	
Bertaccini		Timothy	
Residential Street Address		City	State Zip Code
248 Willow St		New Haven	CT 06511-2426
Principal Occupation		Name of Employer	
Business Manager		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/16/2013	\$20.00

SUBTOTAL Section B - This Page		\$245.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Betz		First John Andrew	
Residential Street Address 30 Alden Ave		City New Haven	State CT
Principal Occupation Barista		Name of Employer Deja Brew Cafe	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 102013a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$20.00
Last Name Bianconi		First Susan	
Residential Street Address PO Box 203865, 15 Goffe Terr		City New Haven	State CT
Principal Occupation editor		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/26/2013	Aggregate contributions \$50.00
Last Name Bishop		First Christine	
Residential Street Address 250 Everit St		City New Haven	State CT
Principal Occupation Project Mgr		Name of Employer UHG	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 100413a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$770.00

SUBTOTAL Section B - This Page	\$440.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Bixby		First Nathan	
Residential Street Address 309 McKinley Ave		City New Haven	State CT
Principal Occupation home improvement contractor		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$125.00
Last Name Bjornson		First Robert	
Residential Street Address 159 Bradley St		City New Haven	State CT
Principal Occupation Research Scientist		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$90.00
Last Name Blair		First Pamela	
Residential Street Address 972 State St		City New Haven	State CT
Principal Occupation Retired		Name of Employer NONE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/12/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$140.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Blatteau		First Leslie	
Residential Street Address 410 Greenwich Ave		City New Haven	State CT
Principal Occupation Teacher		Name of Employer New Haven Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$100.00
Last Name Bleich		First Adeena	
Residential Street Address 1542 S Wooster St, Apt 203		City Los Angeles	State CA
Principal Occupation Executive Manager		Name of Employer BSC Management	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$72.00
Last Name Bloom		First Paul	
Residential Street Address 239 Everit St		City New Haven	State CT
Principal Occupation professor		Name of Employer Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$370.00

SUBTOTAL Section B - This Page		\$542.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Bolduc		Phillip	
Residential Street Address		City	State
896 Quinnipiac Ave, Apt 2		New Haven	CT
Zip Code		06513-3361	
Principal Occupation		Name of Employer	
Information Requested		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$25.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/05/2013	\$25.00
Last Name		First	
Bosson-Heenan		Joan	
Residential Street Address		City	State
149 Clinton Ave		New Haven	CT
Zip Code		06513-3141	
Principal Occupation		Name of Employer	
Research		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/06/2013	\$100.00
Last Name		First	
Braffman		Elaine	
Residential Street Address		City	State
229 Kneeland Rd		New Haven	CT
Zip Code		06512-5012	
Principal Occupation		Name of Employer	
Retired		NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$20.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/19/2013	\$145.00

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Braffman		Elaine	
Residential Street Address		City	State
229 Kneeland Rd		New Haven	CT
Zip Code		06512-5012	
Principal Occupation		Name of Employer	
Information Requested		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$25.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/24/2013	\$25.00
Last Name		First	
Braithwaite		Alesha	
Residential Street Address		City	State
50 Linden St, # 1		New Haven	CT
Zip Code		06511-2527	
Principal Occupation		Name of Employer	
n/a		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$250.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
	101613a	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$250.00
Last Name		First	
Braithwaite		R. Scott	
Residential Street Address		City	State
50 Linden St, # 1		New Haven	CT
Zip Code		06511-2527	
Principal Occupation		Name of Employer	
Physician		New York University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$250.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
	101613a	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$250.00

SUBTOTAL Section B - This Page	\$525.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Breen		First Thomas	
Residential Street Address 34 Clark St		City New Haven	State CT
		Zip Code 06511-3802	
Principal Occupation Publishing Assistant		Name of Employer Yale University Press	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$37.00
Last Name Breuler		First Mia	
Residential Street Address 110 Vista Ter		City New Haven	State CT
		Zip Code 06515-2472	
Principal Occupation Teacher		Name of Employer New Haven Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$50.00
Last Name Briggs		First Linda	
Residential Street Address 821 Whitney Ave		City New Haven	State CT
		Zip Code 06511-1313	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page		\$162.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Broker		First Anna	
Residential Street Address 135 Lowin Ave		City New Haven	State CT
Principal Occupation n/a		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$25.00
Last Name Broker		First John	
Residential Street Address 135 Lowin Ave		City New Haven	State CT
Principal Occupation Recruiter		Name of Employer Elm Talent Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$25.00
Last Name Buick		First William	
Residential Street Address 30 Court St		City New Haven	State CT
Principal Occupation Professor		Name of Employer Quinnipiac University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Burditt		First John M.I.	
Residential Street Address 71 Livingston St		City New Haven	State CT Zip Code 06511-2409
Principal Occupation Chief Investment Officer		Name of Employer Choate Rosemary Hall School	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$370.00
Last Name Bynum		First Taylor Ho M.I.	
Residential Street Address 28 Rock Hill Rd		City New Haven	State CT Zip Code 06513-4051
Principal Occupation musician		Name of Employer self-employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$50.00
Last Name Callaway		First Shannon M.I.	
Residential Street Address 21 Everit St		City New Haven	State CT Zip Code 06511-2207
Principal Occupation consultant		Name of Employer Connected Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/11/2013	Aggregate contributions \$300.00

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Cammarano		First Philip M.I.	
Residential Street Address 130 Maple St		City Branford	State CT Zip Code 06405-4517
Principal Occupation Portfolio Analyst		Name of Employer Peoples United	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$15.00
Last Name Candelora		First David M.I.	
Residential Street Address 191 Sherman Ave, # 1FL		City New Haven	State CT Zip Code 06511-4345
Principal Occupation Maintenance Manager		Name of Employer Prime Management LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$200.00
Last Name Canzanella		First Joe M.I.	
Residential Street Address 120 Hemlock Rd		City New Haven	State CT Zip Code 06515-2618
Principal Occupation Information Requested		Name of Employer unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013	Aggregate contributions \$75.00

SUBTOTAL Section B - This Page	\$290.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Caplan		First Colin M.I.	
Residential Street Address 96 Blake St		City New Haven State CT Zip Code 06511-2903	
Principal Occupation Tour Guide, Architect, Historian, Author		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$25.00	
Last Name Caplan		First Francine M.I.	
Residential Street Address 558 Ellsworth Ave		City New Haven State CT Zip Code 06511-1632	
Principal Occupation Consultant		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013 Aggregate contributions \$100.00	
Last Name Casella		First Diane M.I.	
Residential Street Address 563 Orange St		City New Haven State CT Zip Code 06511-3820	
Principal Occupation Teacher		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$25.00	

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Casella		First Edward M.I.	
Residential Street Address 563 Orange St		City New Haven State CT Zip Code 06511-3820	
Principal Occupation Mail Carrier		Name of Employer USPS	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$25.00	
Last Name Cermola		First Joseph M.I.	
Residential Street Address 74 Cold Spring St		City New Haven State CT Zip Code 06511-2204	
Principal Occupation civil engineer		Name of Employer cardinal engineering	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/04/2013 Aggregate contributions \$370.00	
Last Name Chapman		First Alison M.I.	
Residential Street Address 204 Edwards St		City New Haven State CT Zip Code 06511-3771	
Principal Occupation n/a		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 100413a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/05/2013 Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page		\$495.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Chegwidden		First Cyn	
Residential Street Address 152 Ocean View St		City New Haven	State CT
Principal Occupation retail		Name of Employer IKEA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$40.00
Last Name Cirello		First Michelle	
Residential Street Address 42 Ley St		City New Haven	State CT
Principal Occupation n/a		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$200.00
Last Name Clement		First Constance	
Residential Street Address 237 E Rock Rd		City New Haven	State CT
Principal Occupation Museum Administrator		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$200.00

SUBTOTAL Section B - This Page	\$410.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Cochran		First Frank M.I.	
Residential Street Address 433 Edgewood Ave		City New Haven State CT Zip Code 06511-4052	
Principal Occupation attorney		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013 Aggregate contributions \$50.00	
Last Name Codianni		First Ron M.I.	
Residential Street Address 1425 Quinnipiac Ave, Unit 302		City New Haven State CT Zip Code 06513-1751	
Principal Occupation Finance Mgr		Name of Employer Girard Motors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102513a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$125.00	
Last Name Coe		First Michael M.I.	
Residential Street Address 376 Saint Ronan St		City New Haven State CT Zip Code 06511-2251	
Principal Occupation Author		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013 Aggregate contributions \$250.00	

SUBTOTAL Section B - This Page		\$400.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Cole		Gary	
Residential Street Address		City	State Zip Code
29 Brookfield Dr		Northford	CT 06472-1244
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/11/2013	\$25.00
Last Name		First	
Coleman		Cleveland	
Residential Street Address		City	State Zip Code
116 Avon St		New Haven	CT 06511-2423
Principal Occupation		Name of Employer	
Student		Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/16/2013	\$20.00
Last Name		First	
Connor		Patrick	
Residential Street Address		City	State Zip Code
2084 Chapel St		New Haven	CT 06515-2703
Principal Occupation		Name of Employer	
Public Relations		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$100.00

SUBTOTAL Section B - This Page		\$145.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Cox		First Robert	
Residential Street Address 85 Livingston St		City New Haven	State CT
		Zip Code 06511-2409	
Principal Occupation Financial Consultant		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$200.00
Last Name Criscuolo		First Christine	
Residential Street Address 356 Humphrey St		City New Haven	State CT
		Zip Code 06511-3938	
Principal Occupation Nurse		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$15.00
Last Name Cucuzza		First Drew	
Residential Street Address 351 Central Ave		City New Haven	State CT
		Zip Code 06515-2207	
Principal Occupation Court Planner		Name of Employer State of Ct Judicial	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page		\$315.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Curran		First Donna M.I.	
Residential Street Address 620 Quinnipiac Ave		City New Haven	State CT Zip Code 06513-4003
Principal Occupation n/a		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$100.00
Last Name Curran		First William M.I.	
Residential Street Address 401 Temple St		City New Haven	State CT Zip Code 06511-6801
Principal Occupation Investment Advisor		Name of Employer Halsry Associates, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$370.00
Last Name Daly		First Mary M.I.	
Residential Street Address 182 Cold Spring St		City New Haven	State CT Zip Code 06511-2230
Principal Occupation Clinical Psychologist		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page		\$495.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Daly		First Mary	
Residential Street Address 182 Cold Spring St		City New Haven	State CT
Principal Occupation Clinical Psychologist		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$50.00
Last Name David		First Harry	
Residential Street Address 441 Chapel St		City New Haven	State CT
Principal Occupation Retired		Name of Employer REtired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2013	Aggregate contributions \$370.00
Last Name DeBor		First Marydale	
Residential Street Address 360 State St, Apt 2501		City New Haven	State CT
Principal Occupation n/a		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/12/2013	Aggregate contributions \$300.00

SUBTOTAL Section B - This Page	\$695.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Decker		First Mary Beth	
Residential Street Address 177 Livingston St		City New Haven	State CT
Principal Occupation Biologist		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$100.00
Last Name DeFlumeri		First Richard	
Residential Street Address 86 Edwards St		City New Haven	State CT
Principal Occupation Events Planner		Name of Employer Yale School of Architecture	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$75.00
Last Name Degennaro		First Martin	
Residential Street Address 548 Orange St, Apt 404		City New Haven	State CT
Principal Occupation Retired		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 100413a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/05/2013	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Denbo		First James M.I.	
Residential Street Address 6006 Overlea Rd		City Bethesda State MD Zip Code 20816-2454	
Principal Occupation Information Requested		Name of Employer James R. Denbo, Esq.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$150.00	
Last Name Desiato		First Paolo M.I.	
Residential Street Address 123 Canner St		City New Haven State CT Zip Code 06511-2201	
Principal Occupation APRN		Name of Employer Yale New Haven Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$20.00	
Last Name DeVane		First Margaret M.I.	
Residential Street Address 65 Edgehill Ter		City Hamden State CT Zip Code 06517-4017	
Principal Occupation Volunteer		Name of Employer NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/04/2013 Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page	\$270.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Dicks		First Renate	
Residential Street Address 37 Florence Ave		City New Haven	State CT
		Zip Code 06512-3944	
Principal Occupation Office Mgr		Name of Employer Key Human Services	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$740.00
Last Name Digioia		First Enrico	
Residential Street Address third ave		City West Haven	State CT
		Zip Code 06516	
Principal Occupation owner		Name of Employer SKF automotive	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2013	Aggregate contributions \$200.00
Last Name Dimeo		First Bradford	
Residential Street Address 140 Nayatt Rd		City Barrington	State RI
		Zip Code 02806-3335	
Principal Occupation Executive		Name of Employer Dimeo Construction Company	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$370.00

SUBTOTAL Section B - This Page		\$940.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Dobkowski-Joy		First Aleksandra M.I.	
Residential Street Address 114 Canner St, Fl 1		City New Haven	State CT Zip Code 06511-2202
Principal Occupation Consultant		Name of Employer Framework LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 101613a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$100.00
Last Name Doyon		First Leon M.I.	
Residential Street Address 1570 Quinnipiac Ave		City New Haven	State CT Zip Code 06513-1511
Principal Occupation Editor		Name of Employer HRAF, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 102713a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$50.00
Last Name DREMOV		First IVAN M.I.	
Residential Street Address 112 Hoyt St, Apt 4A		City Stamford	State CT Zip Code 06905-5719
Principal Occupation CONSULTANT		Name of Employer MARS & CO	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$370.00

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Duffy		First Thomas M.I.	
Residential Street Address 216 Edwards St		City New Haven	State CT Zip Code 06511-3771
Principal Occupation n/a		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$15.00
Last Name Duncan		First Rachel M.I.	
Residential Street Address 334 Front St		City New Haven	State CT Zip Code 06513-3223
Principal Occupation Pastor		Name of Employer Canaan United Methodist Church	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$15.00
Last Name Dunn		First Margaret M.I.	
Residential Street Address 224 Front St		City New Haven	State CT Zip Code 06513-3204
Principal Occupation College Teacher		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 102513a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$25.00

SUBTOTAL Section B - This Page	\$55.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Dutton		First Gary M.I.	
Residential Street Address 720 Durion Ct		City Sanibel	State FL Zip Code 33957-5311
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$75.00
Last Name Ebert		First Sharon M.I.	
Residential Street Address 15 Edgewood Way		City New Haven	State CT Zip Code 06515-2441
Principal Occupation Director Planning and Development		Name of Employer Housing Authority of the City of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013	Aggregate contributions \$100.00
Last Name Emmerth		First Michael M.I. T	
Residential Street Address 246 W Rock Ave		City New Haven	State CT Zip Code 06515-2131
Principal Occupation Info Techn Proj Mgr		Name of Employer Kuehne + Nagel, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$275.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Epperson		First Johanna M.I.	
Residential Street Address 37 S Water St		City New Haven State CT Zip Code 06519-2821	
Principal Occupation Data Quality		Name of Employer D&B	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$370.00	
Last Name Esposito		First Lydia M.I.	
Residential Street Address 238 Foster St		City New Haven State CT Zip Code 06511-2650	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$25.00	
Last Name Farkas		First Henry M.I.	
Residential Street Address 37 Florence Ave		City New Haven State CT Zip Code 06512-3944	
Principal Occupation Snr Unix Administrator		Name of Employer UnitedHealth Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2013 Aggregate contributions \$470.00	

SUBTOTAL Section B - This Page		\$765.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Faulkner		James	
Residential Street Address		City	State
130 Mitchell Dr		New Haven	CT
Principal Occupation		Name of Employer	
System Administrator		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		\$100.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$200.00
Last Name		First	
Feinberg		Susan	
Residential Street Address		City	State
189 Westwood Rd		New Haven	CT
Principal Occupation		Name of Employer	
Teacher		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		\$100.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$100.00
Last Name		First	
Fernandez		Lisa	
Residential Street Address		City	State
148 Cold Spring St		New Haven	CT
Principal Occupation		Name of Employer	
Educational Administrator		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		\$200.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/05/2013	\$200.00

SUBTOTAL Section B - This Page		\$400.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Fisher		James K.	
Residential Street Address		City	State
448 Fountain St		New Haven	CT
Zip Code		M.I.	
06515-1801			
Principal Occupation		Name of Employer	
Archivist		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$370.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/04/2013	\$370.00
Last Name		First	
FitzGerald		Stephanie	
Residential Street Address		City	State
433 Edgewood Ave		New Haven	CT
Zip Code		M.I.	
06511-4052			
Principal Occupation		Name of Employer	
educator		retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$50.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/21/2013	\$50.00
Last Name		First	
Flynn		Julie	
Residential Street Address		City	State
216 Bishop St, Apt 202		New Haven	CT
Zip Code		M.I.	
06511-3745			
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$25.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/22/2013	\$25.00

SUBTOTAL Section B - This Page	\$445.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Ford		Joy	
Residential Street Address		City	State
411 Temple St		New Haven	CT
Zip Code		M.I.	
06511-6803			
Principal Occupation		Name of Employer	
City Planner		City of New Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$150.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/11/2013	\$150.00
Last Name		First	
Frechette		Thomas	
Residential Street Address		City	State
346 Yale Ave		New Haven	CT
Zip Code		M.I.	
06515-2233			
Principal Occupation		Name of Employer	
Architect		Kevin Roche, John Dinkeloo & Associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$20.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
	102013a	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/20/2013	\$20.00
Last Name		First	
Frew		Robert	
Residential Street Address		City	State
204 Bishop St		New Haven	CT
Zip Code		M.I.	
06511-3718			
Principal Occupation		Name of Employer	
Architect		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
	101613a	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$100.00

SUBTOTAL Section B - This Page		\$270.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Gabrielle		First Ellen M.I.	
Residential Street Address 188 Central Ave		City New Haven State CT Zip Code 06515-2237	
Principal Occupation n/a		Name of Employer n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$25.00	
Last Name Gacek		First Paul M.I.	
Residential Street Address 83 Pearl St		City New Haven State CT Zip Code 06511-3812	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$100.00	
Last Name Gallo-Garabedin		First Marie M.I.	
Residential Street Address 1362 State St		City New Haven State CT Zip Code 06511-2727	
Principal Occupation President		Name of Employer Gallos Appliances	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/12/2013 Aggregate contributions \$370.00	

SUBTOTAL Section B - This Page	\$495.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Geismar		First Daphne	
Residential Street Address 159 Bradley St		City New Haven	State CT
		Zip Code 06511-6203	
Principal Occupation graphic design		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$100.00
Last Name Giampietro		First Kathryn	
Residential Street Address 153 1/2 Bradley St		City New Haven	State CT
		Zip Code 06511-6218	
Principal Occupation Musician		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$50.00
Last Name Gilmore-Hebert		First Maureen	
Residential Street Address 190 Nicoll St		City New Haven	State CT
		Zip Code 06511-2624	
Principal Occupation Professor		Name of Employer University of New Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Gjellstad		Rolfe	
Residential Street Address		City	State
60 Nicoll St		New Haven	CT
Zip Code		06511-2622	
Principal Occupation		Name of Employer	
Retired		N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	\$100.00
Last Name		First	
Gobel		Susan	
Residential Street Address		City	State
70 Ogden St		New Haven	CT
Zip Code		06511-1324	
Principal Occupation		Name of Employer	
Physician		Gastroenterology Center of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/15/2013	\$370.00
Last Name		First	
Goodall		Leala	
Residential Street Address		City	State
79 Bishop St		New Haven	CT
Zip Code		06511-3931	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 101613a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$7.50

SUBTOTAL Section B - This Page		\$427.50
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Goodall		First Lorelei	
Residential Street Address 79 Bishop St		City New Haven	State CT
		Zip Code 06511-3931	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$7.50
Last Name Graff-Lovett		First Sharon	
Residential Street Address 352 W Rock Ave		City New Haven	State CT
		Zip Code 06515-2106	
Principal Occupation Librarian		Name of Employer NHPL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$75.00
Last Name Greene		First Ann	
Residential Street Address 158 Porter St		City New Haven	State CT
		Zip Code 06511-5120	
Principal Occupation Writer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/09/2013	Aggregate contributions \$175.00

SUBTOTAL Section B - This Page	\$132.50
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Greene		First Ann M.I. T	
Residential Street Address 158 Porter St		City New Haven State CT Zip Code 06511-5120	
Principal Occupation Writer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$175.00	
Last Name Griswold		First Brian Christopher M.I.	
Residential Street Address 127 Bishop St		City New Haven State CT Zip Code 06511-7308	
Principal Occupation NGO Consultant		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$10.00	
Last Name Grottole		First John M.I.	
Residential Street Address 12 Kelsey Ct		City West Haven State CT Zip Code 06516-4921	
Principal Occupation Police Officer		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$200.00	

SUBTOTAL Section B - This Page		\$285.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Grzywacz		Robert	
Residential Street Address		City	State
23 Foster St		New Haven	CT
Zip Code		06511-2605	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/14/2013	\$99.00
Last Name		First	
Guarino		Jennifer	
Residential Street Address		City	State
195 Cleveland Rd		New Haven	CT
Zip Code		06515-2709	
Principal Occupation		Name of Employer	
Instructor		Southern CT State University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	\$50.00
Last Name		First	
Guzzio		Richard	
Residential Street Address		City	State
439 Central Ave		New Haven	CT
Zip Code		06515-2232	
Principal Occupation		Name of Employer	
X-Ray Tech		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 102013a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/20/2013	\$40.00

SUBTOTAL Section B - This Page		\$140.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
(Enter total on Line 13 of Summary Page Totals)		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Hacker		First Jacob	
Residential Street Address 266 Livingston St		City New Haven	State CT
		Zip Code 06511-1310	
Principal Occupation Professor		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate contributions \$370.00
Last Name Hardiman		First Camille	
Residential Street Address 367 Cedar St, Apt 403		City New Haven	State CT
		Zip Code 06510-3222	
Principal Occupation Student		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$10.00
Last Name Harned		First Thomas	
Residential Street Address 518 Chapel St, Apt 2		City New Haven	State CT
		Zip Code 06511-6905	
Principal Occupation Process Engineer		Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013	Aggregate contributions \$75.00

SUBTOTAL Section B - This Page	\$405.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Hasbani		First Sharon M.I.	
Residential Street Address 345 McKinley Ave		City New Haven State CT Zip Code 06515-2026	
Principal Occupation Physician		Name of Employer YNHH	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013 Aggregate contributions \$370.00	
Last Name Hastings		First Rebecca M.I.	
Residential Street Address 265 Alden Ave		City New Haven State CT Zip Code 06515-2111	
Principal Occupation Teacher		Name of Employer Amity Regional Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$25.00	
Last Name Hathaway		First Anneke M.I.	
Residential Street Address 152 Canner St		City New Haven State CT Zip Code 06511-2202	
Principal Occupation Retired		Name of Employer None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013 Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page		\$495.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Hay		First Carol & John	
Residential Street Address 6 Everit St		City New Haven	State CT
		Zip Code 06511-2208	
Principal Occupation Bookseller, Clergyman		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$100.00
Last Name Hellerman		First Ann Coleen	
Residential Street Address 94 E Rock Rd		City New Haven	State CT
		Zip Code 06511-1340	
Principal Occupation Homemaker/Student		Name of Employer Not applicable	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate contributions \$370.00
Last Name Heslin		First James	
Residential Street Address 41 Ridge Ln		City Wilton	State CT
		Zip Code 06897-4521	
Principal Occupation Information Requested		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2013	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Hindenlang		First Jane M.I.	
Residential Street Address 33 Bishop St		City New Haven	State CT Zip Code 06511-3931
Principal Occupation Speech Language Pathologist		Name of Employer Southern CT State University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$75.00
Last Name Hobman		First Dirk M.I.	
Residential Street Address 416 S Grant Ave		City Fort Collins	State CO Zip Code 80521-2539
Principal Occupation Photographer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2013	Aggregate contributions \$130.00
Last Name Holahan		First Susan M.I.	
Residential Street Address 151 Alden Ave		City New Haven	State CT Zip Code 06515-2109
Principal Occupation Newspaper Editor		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$150.00

SUBTOTAL Section B - This Page		\$330.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Holevoet		First Donald M.I.	
Residential Street Address 415 Orange St		City New Haven State CT Zip Code 06511-6406	
Principal Occupation Graphic Designer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$115.00	
Last Name Holmes		First Catherine Walker M.I.	
Residential Street Address 240 Lawrence St		City New Haven State CT Zip Code 06511-2419	
Principal Occupation Environmental Consultant		Name of Employer Skeo Solutions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$100.00	
Last Name Horan		First Cynthia M.I.	
Residential Street Address 15 Longview Ter		City Madison State CT Zip Code 06443-3409	
Principal Occupation Teacher		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$75.00	

SUBTOTAL Section B - This Page	\$190.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Howe		First Kevin M.I.	
Residential Street Address 125 Wayland St		City North Haven State CT Zip Code 06473-4353	
Principal Occupation Manager		Name of Employer Stop and Shop	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$50.00	
Last Name Hurt		First Dorothy M.I.	
Residential Street Address 176 Saint Ronan St		City New Haven State CT Zip Code 06511-2312	
Principal Occupation volunteer work		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$300.00	
Last Name Imperati		First Carol M.I.	
Residential Street Address Clark Rd		City Orange State CT Zip Code 06477	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/04/2013 Aggregate contributions \$25.00	

SUBTOTAL Section B - This Page		\$175.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Imperati		First Pio	
Residential Street Address Clark Rd		City Orange	State CT
		Zip Code 06477	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/04/2013	Aggregate contributions \$25.00
Last Name Inglese		First Steven	
Residential Street Address 14 Everit St		City New Haven	State CT
		Zip Code 06511-2208	
Principal Occupation Real Estate		Name of Employer New Haven Group, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/23/2013	Aggregate contributions \$370.00
Last Name Jeskey		First Adam	
Residential Street Address 65 Bishop St		City New Haven	State CT
		Zip Code 06511-3931	
Principal Occupation Information Requested		Name of Employer Jeskey, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$370.00

SUBTOTAL Section B - This Page	\$765.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Jimenez		First Luis	
Residential Street Address 1418 State St, Fl 2		City New Haven	State CT
		Zip Code 06511-2728	
Principal Occupation Community Leader		Name of Employer n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$150.00
Last Name Jones		First Gwyneth	
Residential Street Address 25 Hayes Rd		City Boston	State MA
		Zip Code 02131-3443	
Principal Occupation Analyst		Name of Employer Brigham and Women's Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013	Aggregate contributions \$50.00
Last Name Juarez		First Daniel	
Residential Street Address 463 Norton Pkwy		City New Haven	State CT
		Zip Code 06511-2830	
Principal Occupation Asst. Dir. of Communications		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013	Aggregate contributions \$20.00

SUBTOTAL Section B - This Page		\$220.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Kafoglis		First Christian M.I.	
Residential Street Address 20 Autumn St		City New Haven State CT Zip Code 06511-2221	
Principal Occupation Educational Administrator		Name of Employer NH Board of Ed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$100.00	
Last Name Kane		First Timothy M.I.	
Residential Street Address 31 Richmond Ave		City New Haven State CT Zip Code 06515-2013	
Principal Occupation Teacher		Name of Employer New Haven Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013 Aggregate contributions \$50.00	
Last Name Kaplan		First William M.I.	
Residential Street Address 43 Autumn St		City New Haven State CT Zip Code 06511-2220	
Principal Occupation Teacher		Name of Employer Fairfield University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013 Aggregate contributions \$200.00	

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Kaplan		William	
Residential Street Address		City	State
43 Autumn St		New Haven	CT
Principal Occupation		Name of Employer	
Teacher		Fairfield University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		\$100.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/12/2013	\$200.00
Last Name		First	
Kerr		Jeanne	
Residential Street Address		City	State
184 Lawrence St		New Haven	CT
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		\$100.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/27/2013	\$100.00
Last Name		First	
King		Leslie	
Residential Street Address		City	State
230 Ridgewood Ave		Hamden	CT
Principal Occupation		Name of Employer	
n/a		Updike Kelly, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		\$100.00	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/15/2013	\$100.00

SUBTOTAL Section B - This Page		\$300.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Klee		First Anne M.I.	
Residential Street Address 168 Alden Ave		City New Haven State CT Zip Code 06515-2110	
Principal Occupation Psychologist		Name of Employer VA Connecticut Healthcare System	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013 Aggregate contributions \$50.00	
Last Name Klee		First Robert M.I.	
Residential Street Address 168 Alden Ave		City New Haven State CT Zip Code 06515-2110	
Principal Occupation Manager, Attorney		Name of Employer CT Dept of Energy and Environmental Protection	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013 Aggregate contributions \$50.00	
Last Name Kloss		First James M.I.	
Residential Street Address 22 Nash St, # 1		City New Haven State CT Zip Code 06511-2616	
Principal Occupation Private Investor		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/11/2013 Aggregate contributions \$370.00	

SUBTOTAL Section B - This Page	\$470.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Koizim		First Ruth M.I.	
Residential Street Address 560 Chapel St		City New Haven State CT Zip Code 06511-6905	
Principal Occupation Teacher		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$200.00	
Last Name Komie		First Michelle M.I.	
Residential Street Address 75 Bishop St		City New Haven State CT Zip Code 06511-3931	
Principal Occupation Editor		Name of Employer Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$150.00	
Last Name Kontogiannis		First Erin M.I.	
Residential Street Address 15 Earl St		City New Haven State CT Zip Code 06515-1628	
Principal Occupation n/a		Name of Employer Agency on Aging of South Central CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013 Aggregate contributions \$50.00	

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Kopac		Matthew	
Residential Street Address		City	State
1613 Peace St		Durham	NC
Zip Code		27701-1448	
Principal Occupation		Name of Employer	
Social & Environmental Responsibility Manager		Burt's Bees	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/26/2013	\$50.00
Last Name		First	
Kurtz		William	
Residential Street Address		City	State
419 Washington Ave		West Haven	CT
Zip Code		06516-5039	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/06/2013	\$150.00
Last Name		First	
Lamb		Gerald	
Residential Street Address		City	State
420 Fountain St, Apt B		New Haven	CT
Zip Code		06515-2629	
Principal Occupation		Name of Employer	
Information Requested		None-retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/07/2013	\$200.00

SUBTOTAL Section B - This Page		\$250.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Lamb		First Gerald M.I.	
Residential Street Address 420 Fountain St, Apt B		City New Haven	State CT Zip Code 06515-2629
Principal Occupation Information Requested		Name of Employer None-retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/23/2013	Aggregate contributions \$200.00
Last Name Lapides		First James M.I.	
Residential Street Address 114 Willard Rd		City Brookline	State MA Zip Code 02445-4130
Principal Occupation Art Dealer		Name of Employer Intl Poster Gallery	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2013	Aggregate contributions \$370.00
Last Name Ledovsky		First Greg M.I.	
Residential Street Address 862 Orange St, Apt 2		City New Haven	State CT Zip Code 06511-2510
Principal Occupation Inventory Manager		Name of Employer The Devil's Gear Bike Shop	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$25.00

SUBTOTAL Section B - This Page	\$445.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Lemert		First Charles M.I.	
Residential Street Address 199 Lawrence St		City New Haven State CT Zip Code 06511-2416	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$125.00	
Last Name Levy		First Arthur M.I.	
Residential Street Address 50 Alston Ave		City New Haven State CT Zip Code 06515-2701	
Principal Occupation Physician		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013 Aggregate contributions \$100.00	
Last Name Limoncelli		First Diana M.I.	
Residential Street Address 154 Alden Ave		City New Haven State CT Zip Code 06515-2110	
Principal Occupation Research Coordinator		Name of Employer VA Connecticut Healthcare System	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$25.00	

SUBTOTAL Section B - This Page		\$225.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Lin		Catherine	
Residential Street Address		City	State
146 W Rock Ave		New Haven	CT
Zip Code		06515-2223	
Principal Occupation		Name of Employer	
lawyer		self -employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/19/2013	\$100.00
Last Name		First	
Lindemann		Evie	
Residential Street Address		City	State
139 Townsend Ave		New Haven	CT
Zip Code		06512-4027	
Principal Occupation		Name of Employer	
Professor		Albertus Magnus	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event # 102713a		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/27/2013	\$10.00
Last Name		First	
Little		William Scot	
Residential Street Address		City	State
90 Bishop St		New Haven	CT
Zip Code		06511-3932	
Principal Occupation		Name of Employer	
Software Engineer		ESPN	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/21/2013	\$225.00

SUBTOTAL Section B - This Page		\$185.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Lobo		Francis	
Residential Street Address		City	State
103 S Water St		New Haven	CT
Zip Code		06519-2823	
Principal Occupation		Name of Employer	
Na		Na	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$350.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/20/2013	\$350.00
Last Name		First	
Logan		John	
Residential Street Address		City	State
904 1/2 State St		New Haven	CT
Zip Code		06511-7317	
Principal Occupation		Name of Employer	
Web Development		United Way of Greater New Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$20.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
	101613a	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$95.00
Last Name		First	
LoRiccio		Thomas	
Residential Street Address		City	State
45 Cleveland Rd		New Haven	CT
Zip Code		06515-2708	
Principal Occupation		Name of Employer	
General Manager/President		IAC, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$300.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/09/2013	\$300.00

SUBTOTAL Section B - This Page		\$670.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Louvi		First Angeliki M.I.	
Residential Street Address 8 Hughes Pl		City New Haven State CT Zip Code 06511-4900	
Principal Occupation Professor		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$100.00	
Last Name Lozon		First Anne M.I.	
Residential Street Address 203 Willard St		City New Haven State CT Zip Code 06515-2031	
Principal Occupation N/A		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013 Aggregate contributions \$50.00	
Last Name Lozon		First Tyler M.I.	
Residential Street Address 203 Willard St		City New Haven State CT Zip Code 06515-2031	
Principal Occupation Construction		Name of Employer Caldwell Wingate Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013 Aggregate contributions \$50.00	

SUBTOTAL Section B - This Page		\$200.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Manning		Christel	
Residential Street Address		City	State
333 Front St		New Haven	CT
Principal Occupation		Name of Employer	
professor		Sacred Heart University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/06/2013	\$250.00
Last Name		First	
Manzo		Catherine	
Residential Street Address		City	State
2399 Bryant St		San Francisco	CA
Principal Occupation		Name of Employer	
Sales		StreetLight Data	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/04/2013	\$25.00
Last Name		First	
Marottoli		Vincent	
Residential Street Address		City	State
1211 Quinnipiac Ave		New Haven	CT
Principal Occupation		Name of Employer	
teacher		retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$50.00

SUBTOTAL Section B - This Page	\$325.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Martinez		First Robert M.I.	
Residential Street Address 21 Hobart St		City New Haven	State CT Zip Code 06511-4030
Principal Occupation Writer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/11/2013	Aggregate contributions \$300.00
Last Name May		First Albert M.I.	
Residential Street Address 56 Rogers Ave, Apt Q		City Milford	State CT Zip Code 06460-6468
Principal Occupation fundraiser		Name of Employer Christian Community Action	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2013	Aggregate contributions \$25.00
Last Name May		First Seashore M.I.	
Residential Street Address 128 Nicoll St		City New Haven	State CT Zip Code 06511-2622
Principal Occupation Teaching Associate, custodian (respectively)		Name of Employer Yale, H&R Block	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate contributions \$185.00

SUBTOTAL Section B - This Page		\$310.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name McAleer		First Edward M.I.	
Residential Street Address PO Box 793		City Kennebunkport State ME Zip Code 04046-0793	
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013 Aggregate contributions \$200.00	
Last Name McClellan		First Sarah M.I.	
Residential Street Address 1220 Chapel St, Apt 11		City New Haven State CT Zip Code 06511-4754	
Principal Occupation Administrative Assistant		Name of Employer Yale School of Management	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$25.00	
Last Name McKenzie		First Katherine M.I.	
Residential Street Address 286 Livingston St		City New Haven State CT Zip Code 06511-1310	
Principal Occupation Teacher		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013 Aggregate contributions \$370.00	

SUBTOTAL Section B - This Page		\$495.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Melone		First Janis M.I.	
Residential Street Address 1041 State St		City New Haven State CT Zip Code 06511-2719	
Principal Occupation Information Requested		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$50.00	
Last Name Miller		First Helen M.I.	
Residential Street Address 35 Florence Ave		City New Haven State CT Zip Code 06512-3944	
Principal Occupation MD		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$370.00	
Last Name Monahan		First Barbara M.I.	
Residential Street Address 27 Lincoln St		City New Haven State CT Zip Code 06511-3805	
Principal Occupation Fundraiser		Name of Employer Friends Committee on National Legislation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Moore		Julia	
Residential Street Address		City	State
266 Everit St		New Haven	CT
Principal Occupation		Name of Employer	
n/a		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 100413a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/05/2013	\$370.00
Last Name		First	
Moore		Julia	
Residential Street Address		City	State
266 Everit St		New Haven	CT
Principal Occupation		Name of Employer	
n/a		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$370.00
Last Name		First	
Moore		William F.	
Residential Street Address		City	State
266 Everit St		New Haven	CT
Principal Occupation		Name of Employer	
Architect (retired)		Self (retired)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$320.00

SUBTOTAL Section B - This Page	\$565.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Morgan		John	
Residential Street Address		City	
406 Humphrey St		New Haven	
State		Zip Code	
CT		06511-3711	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$150.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/04/2013	
		Aggregate contributions	
		\$150.00	
Last Name		First	
Morgan		John	
Residential Street Address		City	
406 Humphrey St		New Haven	
State		Zip Code	
CT		06511-3711	
Principal Occupation		Name of Employer	
Professor		Quinnipiac University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$200.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	
		Aggregate contributions	
		\$200.00	
Last Name		First	
Morgan		Lynne	
Residential Street Address		City	
406 Humphrey St		New Haven	
State		Zip Code	
CT		06511-3711	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$150.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/04/2013	
		Aggregate contributions	
		\$150.00	

SUBTOTAL Section B - This Page		\$500.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Morley		First John M.I.	
Residential Street Address 77 Loomis Pl		City New Haven State CT Zip Code 06511-2222	
Principal Occupation Professor		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013 Aggregate contributions \$200.00	
Last Name Morrison		First George M.I.	
Residential Street Address 98 Clinton Ave		City New Haven State CT Zip Code 06513-3101	
Principal Occupation Family Support		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102513a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$50.00	
Last Name MURFIN		First JUSTIN M.I.	
Residential Street Address 53 Livingston St		City New Haven State CT Zip Code 06511-2430	
Principal Occupation Professor		Name of Employer Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013 Aggregate contributions \$100.00	

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Murphy		First Rosita M.I.	
Residential Street Address 31 Highland St		City New Haven	State CT Zip Code 06511-1329
Principal Occupation Homemaker		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 100413a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/05/2013	Aggregate contributions \$370.00
Last Name Musto		First Emma Jean M.I.	
Residential Street Address 120 Ogden St		City New Haven	State CT Zip Code 06511-1324
Principal Occupation Retired		Name of Employer NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate contributions \$180.00
Last Name Neuman		First Justin M.I.	
Residential Street Address 240 Lawrence St		City New Haven	State CT Zip Code 06511-2419
Principal Occupation Asst Prof		Name of Employer Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$370.00

SUBTOTAL Section B - This Page	\$790.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Nicotra		First Todd M.I.	
Residential Street Address 238 Ridgewood Ave		City Hamden	State CT Zip Code 06517-1426
Principal Occupation Real Estate		Name of Employer AVB	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613b		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$100.00
Last Name Nista		First Carol M.I.	
Residential Street Address 21 Pawtucket St		City New Haven	State CT Zip Code 06513-1135
Principal Occupation Housewife		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2013	Aggregate contributions \$25.00
Last Name Nyland Melocco		First Heidi M.I.	
Residential Street Address 14766 County Road 7		City Mead	State CO Zip Code 80542-9687
Principal Occupation photographer		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2013	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
O'Connor		Philip	
Residential Street Address		City	State Zip Code
105 Diamond St		New Haven	CT 06515-1317
Principal Occupation		Name of Employer	
UPS Driver		UPS	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$50.00
Last Name		First	
O'Neill		Nora	
Residential Street Address		City	State Zip Code
6006 Overlea Rd		Bethesda	MD 20816-2454
Principal Occupation		Name of Employer	
n/a		Episcopal Center for Children	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$100.00
Last Name		First	
Odiaga		Lola	
Residential Street Address		City	State Zip Code
360 State St, Apt 2822		New Haven	CT 06510-3629
Principal Occupation		Name of Employer	
none		none	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$25.00

SUBTOTAL Section B - This Page		\$175.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Oliver		Barbara	
Residential Street Address		City	State
670 Quinnipiac Ave		New Haven	CT
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/16/2013	\$100.00
Last Name		First	
Oliver		Barbara	
Residential Street Address		City	State
670 Quinnipiac Ave		New Haven	CT
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$100.00
Last Name		First	
Oliver		Robert	
Residential Street Address		City	State
30 Alden Ave		New Haven	CT
Principal Occupation		Name of Employer	
Investment Analyst		Robert W. Baird	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$175.00

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Onepo		First Martha M.I.	
Residential Street Address 801 Orange St		City New Haven State CT Zip Code 06511-2507	
Principal Occupation singer/music teacher		Name of Employer Neighborhood Music School, New Haven, CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013 Aggregate contributions \$100.00	
Last Name Oppenheimer		First Cyd M.I.	
Residential Street Address 155 W Rock Ave		City New Haven State CT Zip Code 06515-2222	
Principal Occupation Senior Policy Fellow		Name of Employer CT Voices for Children	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2013 Aggregate contributions \$370.00	
Last Name Opperman		First Hillary M.I.	
Residential Street Address 790 Orange St, Apt 2		City New Haven State CT Zip Code 06511-2535	
Principal Occupation Substitute Teacher		Name of Employer Kelly Services	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$10.00	

SUBTOTAL Section B - This Page		\$480.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Ottenbreit		First Margaret M.I.	
Residential Street Address 84 Fort Hale Rd		City New Haven	State CT Zip Code 06512-3603
Principal Occupation n/a		Name of Employer n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2013	Aggregate contributions \$50.00
Last Name Paglia		First Damian M.I.	
Residential Street Address 440 Yale Ave		City New Haven	State CT Zip Code 06515-2234
Principal Occupation Health Coach		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$10.00
Last Name Patchkofsky		First Erik M.I.	
Residential Street Address 182 Lawncrest Rd		City New Haven	State CT Zip Code 06515-1500
Principal Occupation teacher		Name of Employer New Haven Bd of education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Patterson		First Delilah M.I.	
Residential Street Address 449 Central Ave		City New Haven	State CT Zip Code 06515-2258
Principal Occupation Medical Editor		Name of Employer Breitner Transcription Services	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/09/2013	Aggregate contributions \$100.00
Last Name Paulishen		First John M.I.	
Residential Street Address 181 W Rock Ave		City New Haven	State CT Zip Code 06515-2222
Principal Occupation Teacher		Name of Employer New Haven Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 102013a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$25.00
Last Name Perley		First Lauren M.I.	
Residential Street Address 26 Crouch Rd		City Branford	State CT Zip Code 06405-5313
Principal Occupation Research		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013	Aggregate contributions \$25.00

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Perna		James	
Residential Street Address		City	State
25 Eld St		New Haven	CT
Zip Code		06511-3815	
Principal Occupation		Name of Employer	
Civil Engineer		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/16/2013	\$50.00
Last Name		First	
Phillipino		Paul	
Residential Street Address		City	State
PO Box 206491		New Haven	CT
Zip Code		06520-6491	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/15/2013	\$25.00
Last Name		First	
Pinto		Mike	
Residential Street Address		City	State
449 Central Ave		New Haven	CT
Zip Code		06515-2258	
Principal Occupation		Name of Employer	
attorney		Mulvey Oliver Gould & Crotta	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$50.00

SUBTOTAL Section B - This Page		\$125.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Piraino-Holevoet		First Elaine M.I.	
Residential Street Address 415 Orange St		City New Haven	State CT Zip Code 06511-6406
Principal Occupation Graphic Designer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$115.00
Last Name Pittman		First Travis M.I.	
Residential Street Address 1777 Ella T Grasso Blvd		City New Haven	State CT Zip Code 06511-1600
Principal Occupation CEO		Name of Employer Salad Palace	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$30.00
Last Name Polan		First Diane M.I.	
Residential Street Address 122 Linden St		City New Haven	State CT Zip Code 06511-2425
Principal Occupation Attorney		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$95.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Priest		Claire	
Residential Street Address		City	State Zip Code
85 Loomis Pl		New Haven	CT 06511-2222
Principal Occupation		Name of Employer	
Professor		Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	\$200.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/15/2013	\$200.00
Last Name		First	
Purves		Alexander	
Residential Street Address		City	State Zip Code
18 Lincoln St		New Haven	CT 06511-6212
Principal Occupation		Name of Employer	
Professor		Yale	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	\$200.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/27/2013	\$350.00
Last Name		First	
Purves		Drika	
Residential Street Address		City	State Zip Code
18 Lincoln St		New Haven	CT 06511-6212
Principal Occupation		Name of Employer	
n/a		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	\$50.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/27/2013	\$50.00

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Qureshi		Mohammed	
Residential Street Address		City	State
360 State St, Apt 922		New Haven	CT
Zip Code		06510-3606	
Principal Occupation		Name of Employer	
Information Requested		Pratt & Whitney	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$40.00	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$85.00
Last Name		First	
Rae		Douglas	
Residential Street Address		City	State
60 Lincoln St		New Haven	CT
Zip Code		06511-3806	
Principal Occupation		Name of Employer	
Professor		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$270.00	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/11/2013	\$795.00
Last Name		First	
Rank		Stephanie	
Residential Street Address		City	State
39 Sea St		New Haven	CT
Zip Code		06519-2813	
Principal Occupation		Name of Employer	
Agent		H. Pearce Co. Realtors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/04/2013	\$50.00

SUBTOTAL Section B - This Page		\$360.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Rathbun		First Elizabeth M.I.	
Residential Street Address 820 Orange St, Apt 2L		City New Haven State CT Zip Code 06511-2567	
Principal Occupation Clinician Therapist		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$150.00	
Last Name Reddoch		First Thomas M.I.	
Residential Street Address 218 Willow St		City New Haven State CT Zip Code 06511-2531	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2013 Aggregate contributions \$50.00	
Last Name Reidy		First Laura M.I.	
Residential Street Address 6302 Rippling Hollow Dr		City Spring State TX Zip Code 77379-4277	
Principal Occupation Social Performance		Name of Employer Noble Energy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013 Aggregate contributions \$187.00	

SUBTOTAL Section B - This Page	\$387.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Richards		First Kristen M.I.	
Residential Street Address 8171 El Paseo Grande		City La Jolla	State CA Zip Code 92037-3125
Principal Occupation Dermatologist		Name of Employer Torrey Pines Dermatology	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2013	Aggregate contributions \$100.00
Last Name Rispoli		First Josephine M.I.	
Residential Street Address 339 Willow St		City New Haven	State CT Zip Code 06511-2431
Principal Occupation n/a		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/04/2013	Aggregate contributions \$100.00
Last Name Robinson		First Helen M.I.	
Residential Street Address 32 Everit St		City New Haven	State CT Zip Code 06511-2208
Principal Occupation n/a		Name of Employer n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page		\$300.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Rocke		First Robert M.I.	
Residential Street Address 94 Linden St, Fl 2		City New Haven State CT Zip Code 06511-2425	
Principal Occupation IT		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013 Aggregate contributions \$25.00	
Last Name Rodgers		First Mark M.I.	
Residential Street Address 401 Whitney Ave, Apt 3		City New Haven State CT Zip Code 06511-2340	
Principal Occupation Information Requested		Name of Employer Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/19/2013 Aggregate contributions \$10.00	
Last Name Rosenthal		First Judy M.I.	
Residential Street Address 70 Brookside Dr		City Hamden State CT Zip Code 06517-1408	
Principal Occupation Photographer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/04/2013 Aggregate contributions \$25.00	

SUBTOTAL Section B - This Page		\$60.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Rosofsky		Ira	
Residential Street Address		City	
230 Canner St		New Haven	
State		Zip Code	
CT		06511-2233	
Principal Occupation		Name of Employer	
Psychologist		CMHS	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$25.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/05/2013	
		Aggregate contributions	
		\$25.00	
Last Name		First	
Rozen		Janet	
Residential Street Address		City	
97 Everit St		New Haven	
State		Zip Code	
CT		06511-1334	
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$50.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/14/2013	
		Aggregate contributions	
		\$100.00	
Last Name		First	
Ruddle		Nancy	
Residential Street Address		City	
341 Willow St		New Haven	
State		Zip Code	
CT		06511-2431	
Principal Occupation		Name of Employer	
professor		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$50.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/11/2013	
		Aggregate contributions	
		\$50.00	

SUBTOTAL Section B - This Page		\$125.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Russo		First John M.I.	
Residential Street Address 95 Roger Rd		City New Haven	State CT Zip Code 06515-2739
Principal Occupation Controller		Name of Employer Olympia Properties, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$50.00
Last Name Sackheim		First Donald M.I.	
Residential Street Address 80 Hemlock Rd		City New Haven	State CT Zip Code 06515-2616
Principal Occupation Information Requested		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2013	Aggregate contributions \$200.00
Last Name Saddler		First Joan M.I.	
Residential Street Address 13 Nash St		City New Haven	State CT Zip Code 06511-2615
Principal Occupation Mortgage Underwriter		Name of Employer RoundPoint Mortgage Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$50.00

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Sanchione		Louise	
Residential Street Address		City	State
315 Eastern St, Apt D1608		New Haven	CT
Zip Code		M.I.	
06513-2532			
Principal Occupation		Name of Employer	
Naturopathic Medical Doctor and Special Education Teacher		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$10.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/22/2013	\$10.00
Last Name		First	
Sapadin		Helene	
Residential Street Address		City	State
68 Perkins St		New Haven	CT
Zip Code		M.I.	
06513-3209			
Principal Occupation		Name of Employer	
teacher/therapist		retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$25.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/24/2013	\$125.00
Last Name		First	
Saracco		Linda	
Residential Street Address		City	State
690 Whitney Ave		New Haven	CT
Zip Code		M.I.	
06511-1312			
Principal Occupation		Name of Employer	
Information Requested		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$20.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/27/2013	\$20.00

SUBTOTAL Section B - This Page	\$55.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Sawyer		First John M.I.	
Residential Street Address 35 Pelham Ln		City New Haven	State CT Zip Code 06511-2805
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$170.00
Last Name Schenck		First Anne Finlay M.I.	
Residential Street Address 171 Everit St		City New Haven	State CT Zip Code 06511-1306
Principal Occupation Retired		Name of Employer NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate contributions \$200.00
Last Name Schwartz		First Edward M.I.	
Residential Street Address 854 Quinnipiac Ave, # 8		City New Haven	State CT Zip Code 06513-3329
Principal Occupation n/a		Name of Employer n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2013	Aggregate contributions \$25.00

SUBTOTAL Section B - This Page		\$295.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Schwartz		Morris	
Residential Street Address		City	State
121 McKinley Ave		New Haven	CT
Principal Occupation		Name of Employer	
Physician		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/15/2013	\$50.00
Last Name		First	
Scillia		Anthony	
Residential Street Address		City	State
76 Limewood Ave		Branford	CT
Principal Occupation		Name of Employer	
None		None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/05/2013	\$370.00
Last Name		First	
Scott morton		Fiona	
Residential Street Address		City	State
299 Lawrence St		New Haven	CT
Principal Occupation		Name of Employer	
professor		yale university	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/06/2013	\$300.00

SUBTOTAL Section B - This Page		\$720.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Shapiro		Jordan	
Residential Street Address		City	State
2088 Chapel St		New Haven	CT
Zip Code		06515-2703	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution		\$15.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	\$15.00
Last Name		First	
Shonka		Angeline	
Residential Street Address		City	State
7390 Clifton Rd		Clifton	VA
Zip Code		20124-2105	
Principal Occupation		Name of Employer	
Information Requested		retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution		\$370.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/22/2013	\$370.00
Last Name		First	
Shrager		Sherry	
Residential Street Address		City	State
140 Laurel Rd		New Haven	CT
Zip Code		06515-2426	
Principal Occupation		Name of Employer	
N/A		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution		\$150.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/15/2013	\$150.00

SUBTOTAL Section B - This Page		\$535.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Silberman		Joel	
Residential Street Address		City	State Zip Code
32 Londonderry Ln		Somers	NY 10589-2904
Principal Occupation		Name of Employer	
Research Scientist		IBM	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/24/2013	\$100.00
Last Name		First	
Silberman		Julia	
Residential Street Address		City	State Zip Code
68 Bishop St		New Haven	CT 06511-3932
Principal Occupation		Name of Employer	
VA Americorp		Americorp	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$25.00
Last Name		First	
Silver		Kathryn	
Residential Street Address		City	State Zip Code
262 Yale Ave		New Haven	CT 06515-2231
Principal Occupation		Name of Employer	
Teacher		Bridgeport Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/20/2013	\$75.00

SUBTOTAL Section B - This Page		\$200.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Silverman		First Richard M.I.	
Residential Street Address 27 Elmwood Rd		City New Haven State CT Zip Code 06515-2241	
Principal Occupation Director of Admissions		Name of Employer Yale School of Medicine	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013 Aggregate contributions \$50.00	
Last Name Smith		First Sean M.I.	
Residential Street Address 167 McKinley Ave		City New Haven State CT Zip Code 06515-2007	
Principal Occupation PR Executive		Name of Employer Porter Novelli	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013 Aggregate contributions \$100.00	
Last Name Snyder		First Kerala M.I.	
Residential Street Address 204 Canner St		City New Haven State CT Zip Code 06511-2233	
Principal Occupation Retired		Name of Employer NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$370.00	

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Snyder		First Richard M.I.	
Residential Street Address 204 Canner St		City New Haven State CT Zip Code 06511-2233	
Principal Occupation Retired		Name of Employer NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/25/2013 Aggregate contributions \$370.00	
Last Name Sobel		First Suzanne M.I.	
Residential Street Address 298 Lawrence St		City New Haven State CT Zip Code 06511-2310	
Principal Occupation MW		Name of Employer PXL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$50.00	
Last Name Spillane		First Margaret M.I.	
Residential Street Address 634 Orange St		City New Haven State CT Zip Code 06511-3825	
Principal Occupation Instructor		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/2013 Aggregate contributions \$25.00	

SUBTOTAL Section B - This Page		\$445.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name States		First Randall M.I.	
Residential Street Address 306 Humphrey St		City New Haven	
		State CT	Zip Code 06511-3935
Principal Occupation Geotechnical Engineer		Name of Employer Nobis Engineering, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$370.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$370.00
Last Name Strickler		First Michael M.I.	
Residential Street Address 809 Orange St		City New Haven	
		State CT	Zip Code 06511-2507
Principal Occupation Research Specialist		Name of Employer Howard Hughes Medical Institute	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$25.00
Last Name Stuart		First Joanna M.I.	
Residential Street Address 106 Livingston St, Apt A8		City New Haven	
		State CT	Zip Code 06511-2413
Principal Occupation Consultant		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$35.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/23/2013	Aggregate contributions \$175.00

SUBTOTAL Section B - This Page		\$430.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Suave		First Linda	
Residential Street Address 302 Lexington Ave		City New Haven	State CT
Principal Occupation Real Estate Agent		Name of Employer H. Pearce	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$75.00
Last Name Suggs		First Celeste	
Residential Street Address 103 Everit St		City New Haven	State CT
Principal Occupation IT Specialist		Name of Employer None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$200.00
Last Name Suidan		First Zuhair	
Residential Street Address 291 S Bald Hill Rd		City New Canaan	State CT
Principal Occupation Consultant		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Sullivan		Bonnie	
Residential Street Address		City	
40 Cliff St		New Haven	
State		Zip Code	
CT		06511-1344	
Principal Occupation		Name of Employer	
None		None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$370.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/12/2013	
		Aggregate contributions	
		\$370.00	
Last Name		First	
Sullivan		Kevin	
Residential Street Address		City	
86 Pearl St		New Haven	
State		Zip Code	
CT		06511-3885	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$10.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/19/2013	
		Aggregate contributions	
		\$10.00	
Last Name		First	
Sullivan		Martha	
Residential Street Address		City	
72 Colony Rd		New Haven	
State		Zip Code	
CT		06511-2812	
Principal Occupation		Name of Employer	
retired (State of connecticut)		retired (State of connecticut)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
		\$50.00	
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	
		Aggregate contributions	
		\$100.00	

SUBTOTAL Section B - This Page		\$430.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
<i>(Enter total on Line 13 of Summary Page Totals)</i>		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Sullivan		Shaun	
Residential Street Address		City	State Zip Code
40 Cliff St		New Haven	CT 06511-1344
Principal Occupation		Name of Employer	
n/a		Wiggin & Dana	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	\$370.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/12/2013	\$370.00
Last Name		First	
Sweeting-Halwes		Janet	
Residential Street Address		City	State Zip Code
80 Atwater St		New Haven	CT 06513-3104
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	\$108.00
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/10/2013	\$108.00
Last Name		First	
Taylor		Melanie	
Residential Street Address		City	State Zip Code
35 Lawrence St		New Haven	CT 06511-2649
Principal Occupation		Name of Employer	
Architect		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	\$250.00
If yes, list Event #	101613a	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$250.00

SUBTOTAL Section B - This Page	\$728.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Tedstone		Ryan	
Residential Street Address		City	State
601 East St, Apt 1		New Haven	CT
Principal Occupation		Name of Employer	
Information Requested		Alexion Pharmaceuticals	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/10/2013	\$100.00
Last Name		First	
Thompson		Laura	
Residential Street Address		City	State
111 Park St, Apt 2P		New Haven	CT
Principal Occupation		Name of Employer	
n/a		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/16/2013	\$20.00
Last Name		First	
Tishkoff		Doris	
Residential Street Address		City	State
70 Livingston St, Apt 1M		New Haven	CT
Principal Occupation		Name of Employer	
Professor		Quinnipiac University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions
		10/25/2013	\$10.00

SUBTOTAL Section B - This Page		\$130.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Torresquintero		Martin	
Residential Street Address		City	State
42 Front St		New Haven	CT
Zip Code		06513-3925	
Principal Occupation		Name of Employer	
Outdoor Adventure Coordinator		City of New Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102513a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	\$200.00
Last Name		First	
Tosi		Alison	
Residential Street Address		City	State
394 Yale Ave		New Haven	CT
Zip Code		06515-2233	
Principal Occupation		Name of Employer	
Sales		Ann Taylor, Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/25/2013	\$250.00
Last Name		First	
Tsai		JC Helen	
Residential Street Address		City	State
146 Middle Beach Rd		Madison	CT
Zip Code		06443-3025	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102713a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/27/2013	\$100.00

SUBTOTAL Section B - This Page		\$450.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Tucker		First C. Michael	
Residential Street Address 64 Bishop St		City New Haven	State CT
		Zip Code 06511-3932	
Principal Occupation Architect		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$25.00
Last Name Urbano		First Anthony Patrick	
Residential Street Address PO Box 973		City Orange	State CT
		Zip Code 06477-0973	
Principal Occupation Developer		Name of Employer Self Employed Real Estate Investor/Developer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2013	Aggregate contributions \$370.00
Last Name Valk		First Eliza	
Residential Street Address 172 Bishop St		City New Haven	State CT
		Zip Code 06511-3718	
Principal Occupation Artist & Landscape Architect		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$150.00

SUBTOTAL Section B - This Page	\$545.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Wareck		First John M.I.	
Residential Street Address 112 Huntington St		City New Haven	State CT Zip Code 06511-2017
Principal Occupation Real Estate		Name of Employer Real Living Wareck D'Ostilio	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate contributions \$25.00
Last Name Weiner		First Marjorie M.I.	
Residential Street Address 35 Lawncrest Rd		City New Haven	State CT Zip Code 06515-1510
Principal Occupation n/a		Name of Employer n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate contributions \$50.00
Last Name Weir		First Alison M.I.	
Residential Street Address 61 Lyon St, # 1		City New Haven	State CT Zip Code 06511-4925
Principal Occupation Director of Programs		Name of Employer Natl Diaper Bank Network	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>	\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A	
		\$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Westover		Louise H	
Residential Street Address		City	State
21 Colonial Pl		New Haven	CT
Zip Code		06515-2005	
Principal Occupation		Name of Employer	
Information Requested		Information Requested	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/24/2013	\$25.00
Last Name		First	
Whitney		Elizabeth B.	
Residential Street Address		City	State
125 Linden St		New Haven	CT
Zip Code		06511-2424	
Principal Occupation		Name of Employer	
Information Requested		retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/11/2013	\$100.00
Last Name		First	
Wittink		Marian	
Residential Street Address		City	State
70 N Lake Dr		Hamden	CT
Zip Code		06517-2414	
Principal Occupation		Name of Employer	
Retired		n/a	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/15/2013	\$100.00

SUBTOTAL Section B - This Page		\$225.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		\$33,441.00
(Enter total on Line 13 of Summary Page Totals)		

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Wren		First Marjorie	
Residential Street Address 64 Nash St		City New Haven	State CT
		Zip Code 06511-2618	
Principal Occupation Fundraiser		Name of Employer Planned Parenthood of Southern New England	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 102013a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2013	Aggregate contributions \$50.00
Last Name Yaro		First Jennifer	
Residential Street Address 518 Chapel St, Apt 2		City New Haven	State CT
		Zip Code 06511-6905	
Principal Occupation Nurse Practitioner		Name of Employer Staywell Health Care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/06/2013	Aggregate contributions \$25.00
Last Name Yim		First Andrew	
Residential Street Address 4 Lewis St		City New Haven	State CT
		Zip Code 06513-3207	
Principal Occupation Nurse Practitioner		Name of Employer Community Health Center Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/24/2013	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page		\$175.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Young		Hobart Patrick	
Residential Street Address		City	State
526 Orange St		New Haven	CT
Zip Code		M.I.	
06511-3819			
Principal Occupation		Name of Employer	
Graduate Student		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 101613a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/2013	\$100.00
Last Name		First	
Zollo		Christopher	
Residential Street Address		City	State
193 Dwight St		New Haven	CT
Zip Code		M.I.	
06511-4548			
Principal Occupation		Name of Employer	
Library Assistant		Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution:		Date Received	Aggregate contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/10/2013	\$10.00

SUBTOTAL Section B - This Page		\$110.00
TOTAL of Section B Pages		\$33,441.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)		\$33,441.00

NAME OF COMMITTEE	TYPE OF REPORT
Justin Elicker for Mayor	7 days preceding election

K. Miscellaneous Monetary Receipts not Considered Contributions										
Name	Date of Transaction		Amount Received							
American Directions Group	10/18/2013		\$2,128.46							
<table border="1"> <tr> <th data-bbox="90 380 857 411">Street Address</th> <th data-bbox="857 380 1101 411">City</th> <th data-bbox="1101 380 1156 411">State</th> <th data-bbox="1156 380 1318 411">Zip Code</th> </tr> <tr> <td data-bbox="90 411 857 443">2525 Drane Field Rd</td> <td data-bbox="857 411 1101 443">Lakeland</td> <td data-bbox="1101 411 1156 443">FL</td> <td data-bbox="1156 411 1318 443">33811-1354</td> </tr> </table>	Street Address	City			State	Zip Code	2525 Drane Field Rd	Lakeland	FL	33811-1354
Street Address	City	State	Zip Code							
2525 Drane Field Rd	Lakeland	FL	33811-1354							
<table border="1"> <tr> <th data-bbox="90 443 1526 483">Description</th> </tr> <tr> <td data-bbox="90 483 1526 514">Refund for overpayment on original invoice</td> </tr> </table>					Description	Refund for overpayment on original invoice				
Description										
Refund for overpayment on original invoice										

PREVIEW

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TOTAL SECTION K	\$2,128.46
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I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	TYPE OF REPORT	
Justin Elicker for Mayor	7 days preceding election	
Summary of Other Monetary Receipts (Sections D-K)		
Total Loans Received this Period (Section D)		\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	\$2,128.46

PREVIEW
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Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)	\$2,128.46
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Justin Elicker for Mayor	7 days preceding election

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser 10/04/2013	Letter a	Description Cocktail Event	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this Fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts here.) No

Fundraising Event # Date of Fundraiser 10/25/2013	Letter a	Description Cocktail Event	Location: Street Address 29 Grand Avenue	City New Haven	State CT	Zip Code 06513
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Subpart 1: (All Committees)

Was this Fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts here.) No

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 1 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)	\$0.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Justin Elicker for Mayor	7 days preceding election

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
10/16/2013	a	Cocktail Event	534 Orange St, New Haven		CT	06511

Subpart 1: (All Committees)
Was this Fundraising event hosted at a personal residence?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?
 Yes (If yes, enter Total Receipts here.)
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
 Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
 No

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?
 Yes (If yes, enter Total Receipts here.)
 No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
10/27/2013	a	Meet and Greet Event	238 Lawrence St	New Haven	CT	06511

Subpart 1: (All Committees)
Was this Fundraising event hosted at a personal residence?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?
 Yes (If yes, enter Total Receipts here.)
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
 Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
 No

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?
 Yes (If yes, enter Total Receipts here.)
 No

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 1 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)	\$0.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Justin Elicker for Mayor	7 days preceding election

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
10/20/2013	a	Home Fundraiser	35 Elmwood Road	New Haven	CT	06515

Subpart 1: (All Committees)
 Was this Fundraising event hosted at a personal residence?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?
 Yes (If yes, enter Total Receipts here.)
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
 Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
 No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state?
 Yes (If yes, enter Total Receipts here.)
 No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
10/15/2013	a	Meet and Greet Event	266 Livingston Street	New Haven	CT	06511

Subpart 1: (All Committees)
 Was this Fundraising event hosted at a personal residence?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?
 Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?
 Yes (If yes, enter Total Receipts here.)
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
 Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
 No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state?
 Yes (If yes, enter Total Receipts here.)
 No

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 1 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)	\$0.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Justin Elicker for Mayor		7 days preceding election	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser 10/16/2013	Letter b	Description Cocktail Event	
Location: Street Address 144 Temple St.		City New Haven	State CT Zip Code 06511
Subpart 1: (All Committees)			
Was this Fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	

PREVIEW

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SUBTOTAL Section L1-Subpart 1 (<i>All Committees</i>) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 1 (<i>Town Committees ONLY</i>) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (<i>Enter total on Line 16a of Summary Page Totals</i>)	\$0.00

NAME OF COMMITTEE (Provide Complete name as Registered with Commission)			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
L4. In-Kind Donations Not Considered				
Name of Donor Christine Bishop				
Street Address 250 Everit St		City New Haven		State CT
Zip Code 06511-1309				
Donation given by:	Description of Donation	Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Appetizers, wine and beer	\$100.00		
<input type="checkbox"/> Business Entity	Date Received			
<input type="checkbox"/> Sole Proprietorship	10/04/2013		\$0.00	
Name of Donor Christine Bishop				
Street Address 250 Everit St		City New Haven		State CT
Zip Code 06511-1309				
Donation given by:	Description of Donation	Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Wine, Beer, Appretizers	\$300.00		
<input type="checkbox"/> Business Entity	Date Received			
<input type="checkbox"/> Sole Proprietorship	10/05/2013	100413a	\$300.00	
Name of Donor Nathan Garland				
Street Address 40 Autumn St		City New Haven		State CT
Zip Code 06511-2221				
Donation given by:	Description of Donation	Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Wine and cheese	\$100.00		
<input type="checkbox"/> Business Entity	Date Received			
<input type="checkbox"/> Sole Proprietorship	10/12/2013		\$100.00	
Name of Donor Patricia Garland				
Street Address 40 Autumn St		City New Haven		State CT
Zip Code 06511-2221				
Donation given by:	Description of Donation	Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Beverages for fundraiser	\$100.00		
<input type="checkbox"/> Business Entity	Date Received			
<input type="checkbox"/> Sole Proprietorship	10/12/2013		\$100.00	
Name of Donor Donald Harvey				
Street Address 29 Grand Ave		City New Haven		State CT
Zip Code 06513-3905				
Donation given by:	Description of Donation	Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Baked goods, beer, wine	\$120.00		
<input type="checkbox"/> Business Entity	Date Received			
<input type="checkbox"/> Sole Proprietorship	10/27/2013	102513a	\$120.00	
Name of Donor Oona Hathaway				
Street Address 266 Livingston St		City New Haven		State CT
Zip Code 06511-1310				
Donation given by:	Description of Donation	Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Wine and cheese	\$120.00		
<input type="checkbox"/> Business Entity	Date Received			
<input type="checkbox"/> Sole Proprietorship	10/15/2013		\$0.00	

SUBTOTAL Section L4 - This Page	\$840.00
TOTAL of Section L4 Pages	\$1,455.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>	\$1,455.00

NAME OF COMMITTEE (Provide Complete name as Registered with Commission)			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
L4. In-Kind Donations Not Considered				
Name of Donor Christopher Nicotra				
Street Address 142 Temple St, Ste 304		City New Haven		State CT Zip Code 06510-2626
Donation given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation Appetizers and soft drinks		Fair Market Value of Donation	
	Date Received 10/16/2013	Event # 101613b	Aggregate value for this event \$125.00	
Name of Donor Robert Pellegrino				
Street Address 233 W Rock Ave		City New Haven		State CT Zip Code 06515-2130
Donation given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation Wine and Cheese		Fair Market Value of Donation	
	Date Received 10/24/2013	Event #	Aggregate value for this event \$50.00	
Name of Donor Abigail Roth				
Street Address 324 Audubon Ct		City New Haven		State CT Zip Code 06510-1204
Donation given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation Baked goods and refreshments		Fair Market Value of Donation	
	Date Received 10/24/2013	Event #	Aggregate value for this event \$90.00	
Name of Donor Alycia Santilli				
Street Address 235 Woodward Ave		City New Haven		State CT Zip Code 06512-5035
Donation given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation Smores and wine		Fair Market Value of Donation	
	Date Received 10/06/2013	Event #	Aggregate value for this event \$0.00	
Name of Donor Betsy Schulman				
Street Address 75 Stevenson Rd		City New Haven		State CT Zip Code 06515-2435
Donation given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation Snacks		Fair Market Value of Donation	
	Date Received 10/15/2013	Event #	Aggregate value for this event \$50.00	
Name of Donor Jane Sikand Edelstein				
Street Address 238 Lawrence St		City New Haven		State CT Zip Code 06511-2419
Donation given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation Appetizers, Wine and Beer		Fair Market Value of Donation	
	Date Received 10/27/2013	Event # 102713a	Aggregate value for this event \$150.00	

SUBTOTAL Section L4 - This Page	\$515.00
TOTAL of Section L4 Pages	\$1,455.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>	\$1,455.00

NAME OF COMMITTEE (Provide Complete name as Registered with Commission)			TYPE OF REPORT		
Justin Elicker for Mayor			7 days preceding election		
L4. In-Kind Donations Not Considered					
Name of Donor Pierrette Silverman					
Street Address 35 Elmwood Rd		City New Haven		State CT	
				Zip Code 06515-2241	
Donation given by:	Description of Donation		Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Wine and beer		\$50.00		
<input type="checkbox"/> Business Entity	Date Received	Event #			Aggregate value for this event
<input type="checkbox"/> Sole Proprietorship	10/20/2013				\$50.00
Name of Donor Pierrette Silverman					
Street Address 35 Elmwood Rd		City New Haven		State CT	
				Zip Code 06515-2241	
Donation given by:	Description of Donation		Fair Market Value of Donation		
<input checked="" type="checkbox"/> Individual	Wine and beer		\$50.00		
<input type="checkbox"/> Business Entity	Date Received	Event #			Aggregate value for this event
<input type="checkbox"/> Sole Proprietorship	10/20/2013	102013a			\$50.00

PREVIEW
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SUBTOTAL Section L4 - This Page	\$100.00
TOTAL of Section L4 Pages	\$1,455.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>	\$1,455.00

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee American Directions Group		Date of Payment 10/10/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1162 <input type="checkbox"/> Debit Card	
Street Address 2525 Drane Field Rd		City Lakeland	State FL	Zip Code 33811-1354
Purpose of Expenditure (by code) A-PH-BNK	Description	Event #		Amount \$4,526.98
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee ATT		Date of Payment 10/11/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 537104		City Atlanta	State GA	Zip Code 30353-7104
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$27.29
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee ATT		Date of Payment 10/15/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 537104		City Atlanta	State GA	Zip Code 30353-7104
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$27.29
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee ATT		Date of Payment 10/21/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 537104		City Atlanta	State GA	Zip Code 30353-7104
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$30.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Cafe Romeo		Date of Payment 10/18/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1336 <input type="checkbox"/> Debit Card	
Street Address 534 Orange St		City New Haven	State CT	Zip Code 06511-3819
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$159.53
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$4,771.09
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Cynthia Chegwidan		Date of Payment 10/04/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card	
Street Address 80 Clark St		City New Haven	State CT	Zip Code 06511-3804
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$72.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Clymenza Hawkins		Date of Payment 10/11/2013	Method of Payment <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card	
Street Address 185 Front St		City New Haven	State CT	Zip Code 06513-3202
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$166.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Clymenza Hawkins		Date of Payment 10/18/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1216 <input type="checkbox"/> Debit Card	
Street Address 185 Front St		City New Haven	State CT	Zip Code 06513-3202
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$297.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Clymenza Hawkins		Date of Payment 10/21/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1212 <input type="checkbox"/> Debit Card	
Street Address 185 Front St		City New Haven	State CT	Zip Code 06513-3202
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$270.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Connecticut Rental Center		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 30 Dekoven Dr		City Middletown	State CT	Zip Code 06457-3431
Purpose of Expenditure (by code) EFV	Description Equipment rental for event	Event #		Amount \$63.99
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$869.49
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee CRN International		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1332 <input type="checkbox"/> Debit Card	
Street Address 1 Circular Ave		City Hamden	State CT	Zip Code 06514-4002
Purpose of Expenditure (by code) A-TV	Description	Event #		Amount \$50,000.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee CRN International		Date of Payment 10/27/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1335 <input type="checkbox"/> Debit Card	
Street Address 1 Circular Ave		City Hamden	State CT	Zip Code 06514-4002
Purpose of Expenditure (by code) A-RAD	Description	Event #		Amount \$13,000.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Daniel MacDonald		Date of Payment 10/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1174 <input type="checkbox"/> Debit Card	
Street Address 18 McCormack Dr		City Wolcott	State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$220.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Daniel MacDonald		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card	
Street Address 18 McCormack Dr		City Wolcott	State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$150.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Daniel MacDonald		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1227 <input type="checkbox"/> Debit Card	
Street Address 18 McCormack Dr		City Wolcott	State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$260.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$63,630.00
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee DOCUPRINT & IMAGING		Date of Payment 10/11/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 27 Whitney Ave		City New Haven	State CT	Zip Code 06510-1219
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount \$141.85
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee DOCUPRINT & IMAGING		Date of Payment 10/15/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 27 Whitney Ave		City New Haven	State CT	Zip Code 06510-1219
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount \$18.47
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee DOCUPRINT & IMAGING		Date of Payment 10/15/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 27 Whitney Ave		City New Haven	State CT	Zip Code 06510-1219
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount \$94.57
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Dollar Tree		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 420 Universal Dr N		City North Haven	State CT	Zip Code 06473-3174
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount \$13.83
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Dunkin Donuts		Date of Payment 10/24/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 323 Whalley Ave		City New Haven	State CT	Zip Code 06511-3140
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$29.76
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$298.48
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Facebook		Date of Payment 10/08/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 156 University Ave		City Palo Alto	State CA	Zip Code 94301-1688
Purpose of Expenditure (by code) WEB	Description	Event #		Amount \$5.74
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Frank Pepe Pizza		Date of Payment 10/22/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 157 Wooster St		City New Haven	State CT	Zip Code 06511-5709
Purpose of Expenditure (by code) FNDR	Description Pizza for fundraiser	Event # 102013a		Amount \$245.67
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee G&R Business Group		Date of Payment 10/27/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1343 <input type="checkbox"/> Debit Card	
Street Address 116 Washington Ave, Ste 3		City North Haven	State CT	Zip Code 06473-1721
Purpose of Expenditure (by code) WEB	Description	Event #		Amount \$245.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee HWA Realty		Date of Payment 10/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1333 <input type="checkbox"/> Debit Card	
Street Address PO Box 760		City Norwalk	State CT	Zip Code
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount \$1,500.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee John Hernandez		Date of Payment 10/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1153 <input type="checkbox"/> Debit Card	
Street Address 190 Oak Ridge Rd		City Stratford	State CT	Zip Code 06614-1006
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$153.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$2,149.41
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Joseph Steeves		Date of Payment 10/10/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <input type="checkbox"/> Debit Card	
Street Address 73 Charter Oak Ave		City East Haven	State CT	Zip Code 06512-2729
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$193.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Joseph Steeves		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card	
Street Address 73 Charter Oak Ave		City East Haven	State CT	Zip Code 06512-2729
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$288.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Joseph Steeves		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1218 <input type="checkbox"/> Debit Card	
Street Address 73 Charter Oak Ave		City East Haven	State CT	Zip Code 06512-2729
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$202.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Jotform		Date of Payment 10/24/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 11 W Victoria St, Ste 207A		City Santa Barbara	State CA	Zip Code 93101-5146
Purpose of Expenditure (by code) WEB	Description	Event #		Amount \$9.95
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Julia Silberman		Date of Payment 10/07/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1159 <input type="checkbox"/> Debit Card	
Street Address 373 Central Ave, # 2		City New Haven	State CT	Zip Code 06515-2207
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$1,000.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$1,694.45
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Kathryn Sylvester		Date of Payment 10/10/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1167 <input type="checkbox"/> Debit Card	
Street Address 270 Wooding Hill Rd		City Bethany	State CT	Zip Code 06524-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$202.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Kathryn Sylvester		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1213 <input type="checkbox"/> Debit Card	
Street Address 270 Wooding Hill Rd		City Bethany	State CT	Zip Code 06524-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$153.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Kathryn Sylvester		Date of Payment 10/24/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1220 <input type="checkbox"/> Debit Card	
Street Address 270 Wooding Hill Rd		City Bethany	State CT	Zip Code 06524-3130
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$238.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Kyle Buda		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1158 <input type="checkbox"/> Debit Card	
Street Address 525 Whitney Ave, Fl 3		City New Haven	State CT	Zip Code 06511-2235
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$1,750.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Laura Clampitt		Date of Payment 10/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1170 <input type="checkbox"/> Debit Card	
Street Address 94 Cottage St		City New Haven	State CT	Zip Code 06511-2404
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$112.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$2,456.50
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Laura Clampitt		Date of Payment 10/25/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1215 <input type="checkbox"/> Debit Card	
Street Address 94 Cottage St		City New Haven	State CT	Zip Code 06511-2404
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$76.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Marketing Solutions Unlimited		Date of Payment 10/18/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1163 <input type="checkbox"/> Debit Card	
Street Address 109 Talcott Rd		City Hartford	State CT	Zip Code 06110-1228
Purpose of Expenditure (by code) A-DM	Description	Event #		Amount \$1,060.62
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Marketing Solutions Unlimited		Date of Payment 10/21/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1331 <input type="checkbox"/> Debit Card	
Street Address 109 Talcott Rd		City Hartford	State CT	Zip Code 06110-1228
Purpose of Expenditure (by code) A-DM	Description	Event #		Amount \$6,279.58
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Marquis Smith		Date of Payment 10/11/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card	
Street Address 1523 Chapel St, Apt 505		City New Haven	State CT	Zip Code 06511-4343
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$220.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Marquis Smith		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card	
Street Address 1523 Chapel St, Apt 505		City New Haven	State CT	Zip Code 06511-4343
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$184.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$7,821.70
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Marquis Smith		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1226</u> <input type="checkbox"/> Debit Card	
Street Address 1523 Chapel St, Apt 505		City New Haven	State CT	Zip Code 06511-4343
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$36.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Michelle Niederhauser-Panda		Date of Payment 10/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1172</u> <input type="checkbox"/> Debit Card	
Street Address 18 McCormack Dr		City Wolcott	State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$220.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Michelle Niederhauser-Panda		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1211</u> <input type="checkbox"/> Debit Card	
Street Address 18 McCormack Dr		City Wolcott	State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$153.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Michelle Niederhauser-Panda		Date of Payment 10/24/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1225</u> <input type="checkbox"/> Debit Card	
Street Address 18 McCormack Dr		City Wolcott	State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$252.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee New Bottle Shop		Date of Payment 10/18/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 492 Orange St		City New Haven	State CT	Zip Code 06511-3870
Purpose of Expenditure (by code) FNDR	Description Beverages for Cafe Romeo event	Event # 101613a		Amount \$6.37
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page		\$667.87
TOTAL of Section P Pages		\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)		\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee NEW HAVEN PARKING METER		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 165 Church St		City New Haven	State CT	Zip Code 06510-2010
Purpose of Expenditure (by code) TRVL	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$1.00	
Name of Payee Nicholas Gauthier		Date of Payment 10/11/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card	
Street Address 7 Brown St, Unit 1		City New Haven	State CT	Zip Code 06511-5744
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$666.00	
Name of Payee Nicholas Gauthier		Date of Payment 10/18/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1217 <input type="checkbox"/> Debit Card	
Street Address 7 Brown St, Unit 1		City New Haven	State CT	Zip Code 06511-5744
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$666.00	
Name of Payee Nicholas Gauthier		Date of Payment 10/24/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1229 <input type="checkbox"/> Debit Card	
Street Address 7 Brown St, Unit 1		City New Haven	State CT	Zip Code 06511-5744
Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$583.00	
Name of Payee Orange St. Liquor		Date of Payment 10/18/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 717 Orange St		City New Haven	State CT	Zip Code 06511-2528
Purpose of Expenditure (by code) FOOD	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$134.00	

SUBTOTAL Section P - This Page	\$2,050.00
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Paypal		Date of Payment 10/27/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 45950		City Omaha	State NE	Zip Code 68145-0950
Purpose of Expenditure (by code) BNK	Description	Event #		Amount \$29.77
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Pittman Enterprises		Date of Payment 10/21/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1334</u> <input type="checkbox"/> Debit Card	
Street Address 1777 Ella T Grasso Blvd		City New Haven	State CT	Zip Code 06511-1600
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$30.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Pizza at the Brick Oven		Date of Payment 10/15/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 122 Howe St		City New Haven	State CT	Zip Code 06511-3223
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$44.85
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Pizza at the Brick Oven		Date of Payment 10/24/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 122 Howe St		City New Haven	State CT	Zip Code 06511-3223
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$40.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Ronald Wardell		Date of Payment 10/10/2013	Method of Payment <input checked="" type="checkbox"/> Check # <u>1169</u> <input type="checkbox"/> Debit Card	
Street Address 192 McLay Ave		City East Haven	State CT	Zip Code 06512-1444
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$112.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$257.12
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Ronald Wardell		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card	
Street Address 192 McLay Ave		City East Haven	State CT	Zip Code 06512-1444
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$166.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Ronald Wardell		Date of Payment 10/24/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1222 <input type="checkbox"/> Debit Card	
Street Address 192 McLay Ave		City East Haven	State CT	Zip Code 06512-1444
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$126.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Staples		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 430 Whalley Ave		City New Haven	State CT	Zip Code 06511-3016
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount \$105.27
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Staples		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 430 Whalley Ave		City New Haven	State CT	Zip Code 06511-3016
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount \$165.88
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Staples		Date of Payment 10/15/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 430 Whalley Ave		City New Haven	State CT	Zip Code 06511-3016
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount \$588.55
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$1,152.20
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee STOP & SHOP		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 150 Whalley Ave, Ste 1		City New Haven	State CT	Zip Code 06511-3250
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$42.45
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee STOP & SHOP		Date of Payment 10/22/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 150 Whalley Ave, Ste 1		City New Haven	State CT	Zip Code 06511-3250
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$33.97
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee STOP & SHOP		Date of Payment 10/24/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 150 Whalley Ave, Ste 1		City New Haven	State CT	Zip Code 06511-3250
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$14.97
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee STOP & SHOP		Date of Payment 10/27/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 150 Whalley Ave, Ste 1		City New Haven	State CT	Zip Code 06511-3250
Purpose of Expenditure (by code) FOOD	Description	Event #		Amount \$27.94
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee The Wine Thief		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 181 Crown St		City New Haven	State CT	Zip Code 06510-3005
Purpose of Expenditure (by code) FNDR	Description Beverages for Cafe Romeo event	Event # 101613a		Amount \$27.65
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$146.98
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee USPS		Date of Payment 10/07/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 206 Elm St		City New Haven	State CT	Zip Code 06520-9251
Purpose of Expenditure (by code) POST	Description	Event #		Amount \$99.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee USPS		Date of Payment 10/09/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 206 Elm St		City New Haven	State CT	Zip Code 06520-9251
Purpose of Expenditure (by code) POST	Description	Event #		Amount \$99.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee USPS		Date of Payment 10/09/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 206 Elm St		City New Haven	State CT	Zip Code 06520-9251
Purpose of Expenditure (by code) POST	Description	Event #		Amount \$19.95
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Varick Church		Date of Payment 10/10/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1157 <input type="checkbox"/> Debit Card	
Street Address 246 Dixwell Ave		City New Haven	State CT	Zip Code 06511-3418
Purpose of Expenditure (by code) A-OTH	Description Table Rental	Event #		Amount \$250.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Victor Deluca		Date of Payment 10/11/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1164 <input type="checkbox"/> Debit Card	
Street Address 55 Thompson St, Apt 6E		City East Haven	State CT	Zip Code 06513-1936
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$345.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$812.95
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Victor Deluca		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card	
Street Address 55 Thompson St, Apt 6E		City East Haven	State CT	Zip Code 06513-1936
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$360.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Victor Deluca		Date of Payment 10/24/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1228 <input type="checkbox"/> Debit Card	
Street Address 55 Thompson St, Apt 6E		City East Haven	State CT	Zip Code 06513-1936
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$140.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Walgreens		Date of Payment 10/15/2013	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012
Purpose of Expenditure (by code) OVHD	Description Phone rental	Event #		Amount \$34.01
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Walter Morton		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1168 <input type="checkbox"/> Debit Card	
Street Address 359 Elm St		City West Haven	State CT	Zip Code 06516-4334
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$324.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Walter Morton		Date of Payment 10/18/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1214 <input type="checkbox"/> Debit Card	
Street Address 359 Elm St		City West Haven	State CT	Zip Code 06516-4334
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$396.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

SUBTOTAL Section P - This Page	\$1,254.51
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75

NAME OF COMMITTEE			TYPE OF REPORT	
Justin Elicker for Mayor			7 days preceding election	
P. Expenses Paid by Committee				
Name of Payee Walter Morton		Date of Payment 10/25/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1221 <input type="checkbox"/> Debit Card	
Street Address 359 Elm St		City West Haven	State CT	Zip Code 06516-4334
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$31.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Albomonte Wilson		Date of Payment 10/11/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1171 <input type="checkbox"/> Debit Card	
Street Address 44 Robinson St		City New London	State CT	Zip Code 06320-5425
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$216.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Payee Albomonte Wilson		Date of Payment 10/25/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card	
Street Address 44 Robinson St		City New London	State CT	Zip Code 06320-5425
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount \$229.50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			

PREVIEW
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SUBTOTAL Section P - This Page	\$477.00
TOTAL of Section P Pages	\$90,509.75
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)	\$90,509.75