SEEC FORM 20

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

	Page	1	of	125
Do Not Mark in This Space For Official Use Only				

COVER PAGE

		COV	ER PAGE	<u> </u>			
1. NAME OF COMMITTEE							
Justin Elicker for Mayor							
2. TREASURER NAME							
First		MI	Last			Suffix	
Melanie			Quigley				
3. TREASURER ADDRESS							
Street Address		Cit	ty			State	Zip Code
242 Nicoll St.		New	Haven			СТ	06511
4. ELECTION/REFERENDUM DATE	5. OFFICE SO	UGHT (Co.	mplete only if Candi	date Committee)	6. DISTICT NUMBE	R	
(mm/dd/yyyy)					(if applicable)		
11/05/2013	Mayor				0		
7. CANDIDATE NAME (Complete only is	Candidate or Exp	oloratory Coi	mmittee)				
First		MI	Last	1		Suffix	
Justin			Elicker				
8. TYPE OF REPORT (Check One Box)						
July 10 filing October 10 filing Independent Expenditure	30 days following 7th day preceding 12th day preceding (State Central Con. 45 days following held in November	election g election nmittees Only	Deficit	following referendu	m (PACs ONLY) Amendment to Type of Rep		
9. PERIOD COVERED							
	nning Date		thru	Ending Date 10/27/2013			
10. CERTIFICATION							
I hereby certify and state, under penal Campaign Finance Disclosure State TREASURER OR DEPUTY TREASURE	tement for the		rered is true, accu Melan		ete.		/2013 /dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUN	ISHABLE BY FINA	E NOT TO E.	XCEED \$1,000, OR I	MPRISONMENT F	OR NOT MORE THAN ON	E YEAR,	OR BOTH.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE Justin Elicker for Mayor	TYPE OF REPORT 7th Day Preceding Electi	on
	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
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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	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 thi	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Abraham		Eliz	zabeth				
Residential Street Address	City				State	Zip Code	
259 Alden Ave	New Ha	ven			СТ	06515-2	2111
Principal Occupation Teacher			of Employer Onia High School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 102013a Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or pros		✓ No			\$37.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$37.00	<u>-</u>)		
Last Name		First		ı	<u></u>		M.I.
Anderson		Edv	ward				
Residential Street Address	City New Ha	on			State	Zip Code	5660
123 York St, Ste 1C Principal Occupation	ivew па		- f. Francisco		Ci	06511-5	0000
Real Estate	4		of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributed municipality valued at more	or or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a st If yes, indicate which branch		or pros	pective state contracto	res			\$270.00
If yes, list Event # V No branches of government the contract is with:	Exe	ecutiv	e Legisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/12/2013	Aggregate contributions \$270.00)		
Last Name)	First					M.I.
Annunziata		Alb	ert				
Residential Street Address	City				State	Zip Code	
360 Humphrey St	New Ha				СТ	06511-3	3938
Principal Occupation Attorney			of Employer osito & Annunzia	ta			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributed municipality valued at more	or or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch		or pros	pective state contracto	Yes			\$370.00
If yes, list Event # 101613a Sanches of government the contract is with:	Exe	ecutiv		T			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	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 Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	itributor)		S	Subtotal Section	A			\$0.00
B. Itemized Contribution	ons from Individuals							
Last Name			First					M.I.
Anthis			Krist	ino				
Residential Street Address		City	Kiist	III IC		Ctata	Zin Codo	
769 Whitney Ave		New Ha	ven			State	Zip Code 06511-1	1311
Principal Occupation		11011110		f Employer		<u> </u>	00011	
Professor				ern CT State U	niversity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 102713a	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prospo	ective state contracto	✓ No			\$100.00
Method of contribution: ☐ Cash	contract is with:	Money Orde		Date Received 10/27/2013	Aggregate contributions \$100.00	-)		
Last Name			First			ı		M.I.
Antoniou			Kost	as				
Residential Street Address		City				State	Zip Code	10.10
67 William St		New Ha				CT	06511-4	1940
Principal Occupation n/a			Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r —	or prospe	ective state contracto	✓ Yes			\$25.00
Method of contribution: Cash Personal Check Credit/Deb	contract is with:	Money Orde		Date Received 10/22/2013	Aggregate contributions \$25.00	_)		
Last Name	~		First					M.I.
Antoniou			Toul	a				
Residential Street Address 67 William St		City New Ha	even			State	Zip Code 06511-4	1940
Principal Occupation n/a				f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch o		or prospe	ective state contracto	⊥ Yes			\$25.00
If yes, list Event #	branches of government the contract is with:		ecutive	Legisl				
Method of contribution: Cash Personal Check Credit/Deb	oit Card Payroll Deduction	Money Orde		Date Received 10/22/2013	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 O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	Λ			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Arthur		Les	slie				
Residential Street Address	City				State	Zip Code	
127 W Rock Ave	New Ha	ven			CT	06515-2	222
Principal Occupation	•	Name	of Employer			•	
Antiquarian Book Seller		Willi	am Reese Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a fundamental state of the state		or pros	pective state contractor	? Yes			\$50.00
If yes, indicate which branch or	r			✓No			φ50.00
If yes, list Event # 102013a branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$50.00)		
Last Name		First					M.I.
Asnes		And	drea				
Residential Street Address	City		100		State	Zip Code	
324 Yale Ave	New Ha				СТ	06515-2	233
Principal Occupation Physician		Yale Yale	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a fundraising event listed in Section II2 Yes Is contributor a principal of a stat	e contractor	or pros	pective state contractor	? Yes	1		Φ7E 00
If yes, indicate which branch of	r		_	✓ No			\$75.00
If yes, list Event # 102013a branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$175.00)		
Last Name		First					M.I.
Attianese		Ма	ry Ann				
Residential Street Address	City				State	Zip Code	
111 Linden St	New Ha	ven			СТ	06511-2	424
Principal Occupation			of Employer				
Information Requested		Retii	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a fundamental state of the state	e contractor	or pros	pective state contractor	? Yes]		ቀንድ ሳሳ
fundraising event listed in Section J1? If yes, indicate which branch of branches of government the	r 			✓ No			\$25.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$25.00			
L							

ection B - This Page \$150.00	SUB
of Section B Pages \$33,441.00	
LS (Sections A + B) \$33,441.00	TOTAL OF ALL CONTRIBUTIONS FROM II
mmary Page Totals)	(Enter total on Line

Note Committee	Rev 1/12	I. MONETARY	Pag	ge 6	of	125			
A. Total Contributions from Small Contributors - Received this Period ONLY See instructions for definition of Small Contributors B. Hemized Contributions from Individuals Last Name Baker Catherine	NAME OF COMMITTEE					TYPE OF REPORT			
B. Itemized Contributions from Individuals B. Itemized Contributions From Individuals Baker Catherine	Justin Elicker for Mayor					7 days preceding	election		
B. Itemized Contributions from Individuals B. Itemized Contributions From Individuals Baker Catherine	A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
B. Itemized Contributions from Individuals Last Name Basker Residential Street Address Residential Street Addre					Subtotal Section	A			\$0.00
Last Name First Catherine Catherine Catherine Catherine Catherine State Catherine	·	·							****
Residential Street Address 1.25 Lawrence St, Apt 1 New Haven				First					M.I.
Residential Street Address 1.25 Lawrence St, Apt 1 New Haven	Baker			Cat	herine				
125 Lawrence St, Apt 1			City	Out			State	Zip Code	<u> </u>
Principal Occupation Countributor a lobbyist, spouse, or dependent child of a lobbyist? Ves dependent child of a lobbyist with lobbyist with lobbyist with a lobbyist with lobbyist with lobbyist with				ven				1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 wholed at more than \$5,000? Yes No No Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes If contributor a principal of a state contractor or prospective state contractor? Yes If contributor a principal of a state contractor or prospective state contractor? Yes If contributor a principal of a state contractor or prospective state contractor? Yes If contributor a principal of a state contractor or prospective state contractor? Yes If contributor a principal of a state contractor or prospective state contractor of a municipality valued at more than \$5,000? Yes No If contributor a principal of a state contractor or prospective state contractor? Yes If contributor a principal of a state contractor? Yes If contributor a principal of a state contractor? Yes If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If yes, indicate which branch or branches of government the If	-			Name	of Employer		1		
Amount of Contribution State Contributor of pushess hes/be is associated with an amunicipality valued at more than \$5,000? Yes No Yes If contribution Payroll Deduction Money Order Date Received Against the contract of the value of the contract of the value of the contract of the value	Educator			Achi	evement First				
State Stat	domandant shild of a labbraist?	municipality does contributor	or business h		s associated with hav	e a contract with said	Amour	nt of Con	tribution
Method of contribution: Executive Legislative Legislative Legislative Legislative Legislative Method of contributions Money Order Date Received Aggregate contributions \$100.00	fundraising event listed in Section J1?	If yes, indicate which branch o		or pros	pective state contract	i es			\$100.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$100.00	If yes, list Event # 101613a		Exe	ecutive	e Legis	slative			
Barkin		bit Card Payroll Deduction	Money Orde	er					
Residential Street Address 272 W Elm St Principal Occupation Teacher Region 5 Board of Ed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? West indicate which branch or branches of government the Cardial Street Address City New Haven Name of Employer Region 5 Board of Ed Amount of Contribution Region 5 Board of Ed Amount of Contribution Name of Employer Region 5 Board of Ed Amount of Contribution Name of Employer Region 5 Board of Ed Amount of Contribution State CT 06515-2035 Amount of Contribution Date Received In/27/2013 September 10/27/2013 Morgan M.I. Morgan Name of Employer State Contract with said Morgan M.I. State CT 06515-2035 Amount of Contribution State CT 06515-2035 Amount of Contribution Date Received In/27/2013 September 20.00 M.I. M.I. Morgan M.I. State CT 06511-2543 M.I. Morgan If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? New Haven New Haven State CT 06511-2543 Amount of Contribution Morgan M.I. Morgan Is this contribution associated with a formation of the contract with said municipality valued at more than \$5,000? Name of Employer State of Connecticut State of Connecticut State of Connecticut Is contribution associated with a a municipality valued at more than \$5,000? Name of Employer State of Connecticut St	Last Name			First					M.I.
Principal Occupation Peacher Region 5 Board of Ed	Barkin			Mag	ggie				
Principal Occupation Teacher Some of Employer Region 5 Board of Ed	Residential Street Address		City		The same		State	Zip Code	;
Teacher Region 5 Board of Ed	272 W Elm St		New Ha	iven			СТ	06515	-2035
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No									
dependent child of a lobbyist?	leacher			Regi	on 5 Board of E	a			
fundraising event listed in Section J1?	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	municipality does contributor	or business h		s associated with hav	e a contract with said	Amour	nt of Con	tribution
## Barth Residential Street Address State Agree and Contribution Agriculture		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or pros	pective state contract	res			\$20.00
Cash	If yes, list Event # 1027 13a	branches of government the	<	ecutive		slative			
Residential Street Address 125 Lawrence St Principal Occupation Education State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? Wes list Event # 101613a No State Occupation Name of Employer State of Connecticut If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Wes list Event # 101613a No No State OCode CT 06511-2543 Amount of Contribution Frequency State of Connecticut If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Vo		bit Card Payroll Deduction	Money Orde	er)		
Residential Street Address 125 Lawrence St Principal Occupation Education State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? Wes list Event # 101613a City New Haven Name of Employer State of Connecticut If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Yes Yes Yes Yes Ye	Last Name	00		First					M.I.
Principal Occupation Education Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? Wes list Event # 101613a Name of Employer State of Connecticut If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Wes list Event # 101613a No No No No No No No No No N	Barth			Moi	rgan				
Principal Occupation Education State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? Wes list Event # 101613a Name of Employer State of Connecticut If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Wes, indicate which branch or branches of government the Executive Is contribution Place identities In a contribution Name of Employer State of Connecticut Amount of Contribution	Residential Street Address		City				1	Zip Code	;
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? Is this contribution associated with a fundraising event listed in Section J1? If yes, indicate which branch or branches of government the Ves	125 Lawrence St		New Ha	ven			СТ	06511	-2543
dependent child of a lobbyist? No									
fundraising event listed in Section J1?	dependent shild of a lobbyist?	municipality does contributor	or business h		s associated with hav	e a contract with said	Amour	nt of Con	tribution
contract to with DACCULVC Degisian ve	fundraising event listed in Section J1?	If yes, indicate which branch o branches of government the	r		_	✓ No			\$50.00

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

Date Received 10/16/2013

Aggregate contributions

\$300.00

Method of contribution:

Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding	election		
A. Total Contributions from Small Contributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	Λ			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	:				M.I.
Becker		Ked	dric				
Residential Street Address	City				State	Zip Code	
50 Greenhill Ter	New Ha	ven			CT	06515-1	515
Principal Occupation			of Employer			•	
Case manager		BH (Care				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a Yes Is contributor a principal of a state		or pros	pective state contractor	? Yes]		\$25.00
Indicate which branch of branches of government the	·			✓No			φ25.00
If yes, list Event # contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/11/2013	Aggregate contributions \$25.00)		
Last Name		First					M.I.
Beinecke		Ber	njamin				
Residential Street Address	City New Yo	rle A			State NY	Zip Code	1102
998 5th Ave Principal Occupation	New 10		of Employer		INT	10028-0	7102
Information Requested			mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a Yes Is contributor a principal of a state	e contractor of	or pros	pective state contractor	? Yes	1		ሲ ደር
If yes, indicate which branch or				✓ No			\$50.00
If yes, list Event # contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/11/2013	Aggregate contributions \$50.00			
Last Name		First					M.I.
Belt		Car	rolyn				
Residential Street Address	City		- ,		State	Zip Code	
168 Westwood Rd	New Ha	ven			CT	06515-2	2243
Principal Occupation		Name	of Employer			•	
None		None	е				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	ıt of Conti	ibution
Is this contribution associated with a fundamining event listed in Section 112 Yes Is contributor a principal of a state	e contractor of	or pros	pective state contractor	? Yes			ቀኃበሳ ሶሳ
fundraising event listed in Section J1? It yes, indicate which branch of branches of government the	·			✓ No			\$200.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Page	8	of	125
rage	0	OI	143

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding	election		
A. Total Contributions from Small C	Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Co	ontributor)		Su	btotal Section A				\$0.00
B. Itemized Contributi	ons from Individuals							
Last Name			First					M.I.
Belt			David					
Residential Street Address		City				State	Zip Code	
168 Westwood Rd		New Ha	aven			CT	06515-2	2243
Principal Occupation			Name of E					
Attorney			Hurwitz	, Sagarın, Slos	ssberg & Knuff, LLC	,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amoun	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prospect	ive state contractor	?			\$200.00
If yes, list Event #	contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	ebit Card Payroll Deduction	Money Orde		te Received 0/25/2013	Aggregate contributions \$200.00	1		
Last Name			First					M.I.
Bernardo			Matthe	w				
Residential Street Address		City		The state of the s		State	Zip Code	
246 Nicoll St, Apt 1L		New Ha				СТ	06511-2	2662
Principal Occupation Cook			Name of E					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manuni simalitra daga gantuihustan	or business h				Amoun	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1?	If yes, indicate which branch or		or prospect	ive state contractor	res			\$25.00
If yes, list Event # 101613a No Method of contribution:	branches of government the contract is with:	Exe	ecutive	Legisla	No Aggregate contributions	_		
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Orde		0/16/2013	\$25.00			
Last Name	00		First					M.I.
Bertaccini			Timoth	У				
Residential Street Address		City				State	Zip Code	
248 Willow St		New Ha				СТ	06511-2	2426
Principal Occupation Business Manager			Name of E					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amoun	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or prospect	ive state contractor	Yes			\$20.00
If yes, list Event # 101613a	branches of government the contract is with:	_	ecutive	Legisla				
Method of contribution: ✓ Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Orde	I	te Received 0/16/2013	Aggregate contributions \$20.00			
	<u> </u>							

SUBTOTAL Section B - This Page	\$245.00
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 Contributor	rs - Received this Per	riod ONI	LY				
(See instructions for definition of Small Contributor)			Subtotal Section	n A			\$0.00
B. Itemized Contributions from I	Individuals						
Last Name		F	First				M.I.
Betz			John Andrew				
Residential Street Address		ity			State	Zip Code	
30 Alden Ave	N	ew Have			СТ	06515-2	2715
Principal Occupation Barista			me of Employer eja Brew Cafe				
dependent child of a lobbyist? munic	tribution is in excess of \$400 ipality does contributor or bipality valued at more than \$	usiness he/s			Amoun	it of Conti	ibution
fundraising event listed in Section J1? If yes, in branche	utor a principal of a state con indicate which branch or s of government the is with:	ntractor or p	_	tor? Yes No islative			\$20.00
Method of contribution: Cash Personal Check Credit/Debit Card		oney Order	Date Received 10/20/2013	Aggregate contributions \$20.00			
Last Name		F	irst				M.I.
Bianconi			Susan				
Residential Street Address	Ci		100		State	Zip Code	
PO Box 203865, 15 Goffe Terr	N	ew Have			СТ	06520-3	8865
Principal Occupation editor			ane of Employer ale University				
dependent child of a lobbyist? munic	tribution is in excess of \$400 ipality does contributor or bipality valued at more than \$	usiness he/s			Amoun	it of Conti	ibution
fundraising event listed in Section J1? If yes, i branche	utor a principal of a state con indicate which branch or s of government the is with:	ntractor or p	<u>_</u>	Yes V No islative			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Mo	oney Order	Date Received 10/26/2013	Aggregate contributions \$50.00			
Last Name		I	irst				M.I.
Bishop	6.	(Christine				
Residential Street Address		ity lew Have	un.		State CT	Zip Code 06511-1	300
250 Everit St Principal Occupation	IN		ame of Employer			00311-1	309
Project Mgr			HG				
dependent child of a lobbyist? munic	tribution is in excess of \$400 ipality does contributor or bipality valued at more than \$	usiness he/s			Amoun	it of Conti	ibution
fundraising event listed in Section J1?	utor a principal of a state con indicate which branch or	ntractor or p	prospective state contrac	⊥ Yes			\$370.00
	s of government the is with:	Execu	tive Leg	islative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction Mo	oney Order	Date Received 10/16/2013	Aggregate contributions \$770.00	1		
			· · · · · · · · · · · · · · · · · · ·	·		·	

Page \$440.00	SUBTOTAL Section B - This Page
Pages \$33,441.00	TOTAL of Section B Pages
333,441.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals)

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding 6	election		
A. Total Contributions from Small Co	ntributors - Received this I	Period O	NLY					
(See instructions for definition of Small Cont	tributor)			Subtotal Section	A			\$0.00
B. Itemized Contribution	ns from Individuals							
Last Name			First					M.I.
Bixby			Nat	han				
Residential Street Address		City				State	Zip Code	
309 McKinley Ave		New Ha	iven			СТ	06515-2	2011
Principal Occupation				of Employer				
home improvement contractor			self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$ municipality does contributor o municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with a Yes	Is contributor a principal of a state		or pros	pective state contracto	r? Yes]		\$50.00
fundraising event listed in Section J1?	If yes, indicate which branch or branches of government the	_			✓ No			φ50.00
If yes, list Event #	contract is with:	Exe	ecutive	eLegisl	ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$125.00			
Last Name			First		•	,		M.I.
Bjornson			Rob	pert				
Residential Street Address		City New Ha	wan			State CT	Zip Code 06511-6	5203
159 Bradley St Principal Occupation		110W Ha		of Employer		01	000111	200
Research Scientist				University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	res			\$40.00
If yes, list Event # 101613a	branches of government the contract is with:	Exe	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash	t Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$90.00			
Last Name			First					M.I.
Blair			Par	nela				
Residential Street Address		City				State	Zip Code	
972 State St		New Ha	iven			СТ	06511-3	3945
Principal Occupation Retired			Name NON	of Employer E				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	Yes			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive					
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

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Page	11	OI	123

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		S	ubtotal Section A	Λ			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Blatteau		Leslie	e				
Residential Street Address	City				State	Zip Code	
410 Greenwich Ave	New Ha	aven			СТ	06519-2	2606
Principal Occupation			Employer			•	
Teacher		New H	laven Public Sc	chools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business l	he/she is a			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch obtained branches of government the	or		_	✓ No			\$100.00
If yes, list Event # Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Legisla Date Received 10/20/2013	Aggregate contributions \$100.00			
Last Name		First	10/20/2010	Ψ100.00			M.I.
Bleich		Adee	na				
Residential Street Address	City				State	Zip Code	
1542 S Wooster St, Apt 203	Los Ang	geles			CA	90035-3	3468
Principal Occupation Executive Manager			Emplover lanagement				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business l	he/she is a			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of the section of the		or prospec	ctive state contractor	Yes Vo			\$72.00
If yes, list Event # 101613a Sanches of government the contract is with:	Ex	xecutive	Legisla	ative —			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/16/2013	Aggregate contributions \$72.00			
Last Name		First					M.I.
Bloom		Paul					
Residential Street Address	City				State	Zip Code	
239 Everit St	New Ha	aven			СТ	06511-1	1335
Principal Occupation professor		Name of Yale	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business l	he/she is a			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branches of government the		or prospec	_	∐ Yes ✓ No			\$370.00
If yes, list Event # contract is with:	Ex	xecutive	Legisla	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Bolduc		Phill	ip				
Residential Street Address	City				State	Zip Code	
896 Quinnipiac Ave, Apt 2	New Ha				СТ	06513-3	3361
Principal Occupation Information Requested		Name of Retire	of Employer				
<u>'</u>							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state of the section J1? No branches of government the		or prosp	ective state contractor?	Yes ✓ No			\$25.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/05/2013	Aggregate contributions \$25.00			
Last Name		First					M.I.
Bosson-Heenan		Joar					
Residential Street Address	City				State CT	Zip Code	24.44
149 Clinton Ave Principal Occupation	New Ha		f Employer		Ci	06513-3	3141
Research			Jniversity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/06/2013	Aggregate contributions \$100.00			
Last Name		First					M.I.
Braffman		Elair	ne				
Residential Street Address	City				State	Zip Code	
229 Kneeland Rd	New Ha	aven			СТ	06512-5	5012
Principal Occupation Retired		Name o	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	· _	or prosp	_	∐ res ✓ No			\$20.00
Method of contribution:	Money Orde	er	Date Received 10/19/2013	Aggregate contributions \$145.00			
				+ 1.2.00	1		

SUBTOTAL Section B - This Page \$	
TOTAL of Section B Pages \$33,	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,4	

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				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		;	Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Braffman		Elair	ne				
Residential Street Address	City				State	Zip Code	1
229 Kneeland Rd	New Ha	aven			CT	06512-5	5012
Principal Occupation			of Employer				
Information Requested		Retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess of municipality does contributor municipality valued at more the specific contribution is in excess of municipality valued at more the specific contribution.	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No If yes, indicate which branch o branches of government the	r		_	✓ No			\$25.00
Method of contribution:	Money Orde	der	Legisl Date Received 10/24/2013	Aggregate contributions \$25.00			
Last Name		First					M.I.
Braithwaite		Ales	ha				
Residential Street Address	City	- 4			State	Zip Code	1
50 Linden St, # 1	New Ha	aven			CT	06511-2	2527
Principal Occupation n/a		Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? No No No No No No No No No N		or prosp	ective state contractor	r?			\$250.00
If yes, list Event # 101013a contract is with:	Exc	xecutive		ative			
Method of contribution:	Money Ordo	der	Date Received 10/16/2013	Aggregate contributions \$250.00			
Last Name		First					M.I.
Braithwaite		R. S	cott				
Residential Street Address	City				State	Zip Code	
50 Linden St, # 1	New Ha	aven			CT	06511-2	2527
Principal Occupation Physician			of Employer York University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is i	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No No No Pranches of government the		or prosp	ective state contractor	r?			\$250.00
If yes, list Event # 101013a contract is with:	Exc	xecutive	Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ordo	der	Date Received 10/16/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)		Subto	tal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Breen		Thomas					
Residential Street Address	City				State	Zip Code	
34 Clark St	New Ha				СТ	06511-3	3802
Principal Occupation Publishing Assistant		Yale Unive					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a star If yes, indicate which branches of government the contract is with:	or	or prospective s	state contractor	✓ No			\$12.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	I	Received 6/2013	Aggregate contributions \$37.00			
Last Name		First			-		M.I.
Breuler		Mia					
Residential Street Address	City	7	77)		State	Zip Code	
110 Vista Ter	New Ha				СТ	06515-2	2472
Principal Occupation Teacher		Name of Empl	over n Public Scl	hools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branches of government the		or prospective s	state contractor	? Yes ✓ No			\$50.00
If yes, list Event # Do branches of government the contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	I	Received 2/2013	Aggregate contributions \$50.00			
Last Name		First					M.I.
Briggs		Linda					
Residential Street Address	City				State	Zip Code	1010
821 Whitney Ave	New Ha				СТ	06511-1	1313
Principal Occupation Retired		Name of Empl Retired	oyer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a star of the section J1? If yes, indicate which branches of government the contract is with:	or	or prospective s	tate contractor	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Received 5/2013	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

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Page	15	of	125

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Cont	tributors - Received this F	Period Ol	NLY					
(See instructions for definition of Small Contri	butor)		:	Subtotal Section A				\$0.00
B. Itemized Contributions	from Individuals							
Last Name			First					M.I.
Broker			Anna	а				
Residential Street Address		City				State	Zip Code	
135 Lowin Ave		New Ha	ven			СТ	06515-2	319
Principal Occupation				of Employer				
n/a			Retire	eu				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$- municipality does contributor o municipality valued at more tha	r business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or branches of government the				✓ No			\$25.00
If yes, list Event # 102013a	contract is with:	Exe	cutive	Legisla Date Received	Aggregate contributions	-		
Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	r	10/20/2013	\$25.00)		
Last Name			First					M.I.
Broker			Johr					
Residential Street Address		City				State	Zip Code	
135 Lowin Ave		New Ha				CT	06515-2	2319
Principal Occupation Recruiter				of Employer Calent Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	r business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or	contractor o	or prosp	ective state contractor?	res			\$25.00
If yes, list Event # 102013a No	branches of government the contract is with:	Exe	cutive					
Method of contribution: ☐ Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	r	Date Received 10/20/2013	Aggregate contributions \$25.00)		
Last Name	0		First	·				M.I.
Buick			Willia	am				
Residential Street Address		City				State	Zip Code	
30 Court St		New Ha				СТ	06511-6	921
Principal Occupation Professor				of Employer Dipiac University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	r business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or	contractor	or prosp	ective state contractor?	Yes			\$100.00
If yes, list Event # 101613a No	branches of government the contract is with:	Exe	cutive					
Method of contribution: ☐ Cash	Card Payroll Deduction	Money Orde	r	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor 7 days precedir			7 days preceding e	election			
A. Total Contributions from Small Contributors - Received this I	Period Ol	NLY					
(See instructions for definition of Small Contributor)		:	Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals				•			
Last Name		First					M.I.
Burditt		Johr	1				
Residential Street Address	City				State	Zip Code	l
71 Livingston St	New Ha	iven			CT	06511-2	2409
Principal Occupation			of Employer				
Chief Investment Officer		Choa	te Rosemary Hal	II School			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$municipality does contributor of municipality valued at more than the contribution of the contribution of the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution is in excess of \$\text{municipality valued at more than the contribution of the contribution is in excess of \$\text{municipality valued at more than the contribution of the contri	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes If yes, indicate which branch or branches of government the				✓ No			\$370.00
Method of contribution:	Money Orde	ecutive	Legisla Date Received 10/25/2013	Aggregate contributions \$370.00			
Last Name		First			I		M.I.
Bynum		Tayl	or Ho				
Residential Street Address	City				State	Zip Code	1054
28 Rock Hill Rd Principal Occupation	New Ha		and the same of th		СТ	06513-4	1051
musician			of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\text{municipality does contributor of municipality valued at more the}} No	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Yes Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No			\$50.00
Method of contribution:		Ecutive	Legisla	Aggregate contributions			
	Money Orde	er	10/20/2013	\$50.00			
Last Name		First		•			M.I.
Callaway		Shai	nnon				
Residential Street Address	City		-		State	Zip Code	
21 Everit St	New Ha	iven			CT	06511-2	2207
Principal Occupation consultant			of Employer ected Health				
_		Com	ected Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$municipality does contributor of municipality valued at more than the contribution of the con	or business h an \$5,000?	ne/she is	associated with have a	a contract with said No	Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes		or prosp	ective state contractor	? Yes			\$100.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:		ecutive	Legisla	✓ No			÷.55.56
Method of contribution:	Money Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Page	17	of	125

Justin Elicker for Mayor 7 days preceding ele	ection		
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			M.I.
Cammarano Philip			
Residential Street Address City S	State	Zip Code	
100 Mapie Ot	CT	06405-4	517
Principal Occupation Name of Employer			
Portfolio Analyst Peoples United			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amount	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? 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.			\$15.00
Method of contribution: Method of contribution: Date Received Aggregate contributions			
Cash ✓ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 10/16/2013 \$15.00			
Last Name First			M.I.
Candelora David			
	State	Zip Code	0.45
101 Choman / Wei, ii 11 E	СТ	06511-4	345
Principal Occupation Name of Employer Maintenance Manager Prime Management LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No	Amount	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the			\$200.00
If yes, list Event #			
Method of contribution: □ Date Received Aggregate contributions □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order 10/24/2013 \$200.00			
Last Name First			M.I.
Canzanella Joe			
	State	Zip Code	
120 Floring Critical	СТ	06515-2	618
Principal Occupation Name of Employer Information Requested unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No	Amount	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the contract is with.			\$75.00
contract is with:			
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ 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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Justin Elicker for Mayor	NAME OF COMMITTEE					TYPE OF REPORT			
Security	Justin Elicker for Mayor					7 days preceding e	election		
Last Name Caplan Colin	A. Total Contributions from Small Contr	ributors - Received this	Period O	NLY					
East Name First Colin	(See instructions for definition of Small Contrib	outor)			Subtotal Section A	A			\$0.00
Residential Street Address Cally New Haven State Address Card New Haven Card	B. Itemized Contributions	from Individuals							
Residential Street Address State Address State Address State CT O6511-2903 Name of Employer Self State Address Self State Address Self State Address Self State	Last Name			First					M.I.
96 Blake St Principal Occupation Tour Guide, Architect, Historian, Author 1	Caplan			Coli	n				
Name of Employer Self	Residential Street Address						State	Zip Code	
Recontribution a lobbyist, spouse, or dependent child of a lobbyist? Vest that countribute is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribute or business helps it associated with have a contract with said municipality valued at more than \$5,000?	96 Blake St		New Ha	ven			СТ	06511-2	2903
If contribution is nexcess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist? Ves No municipality valued at more than \$5.000? Ves No No Ves No No No Ves No No Ves No No Ves No No Ves No No No Ves No No Ves No No Ves No No No Ves No No Ves No No Ves No No Ves No No No Ves No No No No Ves No No No No No No No N	1				of Employer				
Amount of Contribution associated with an exactoract with aid municipality does contributor or business he/she is associated with have a contract with aid municipality and at more than \$5,000?	Tour Guide, Architect, Historian, Author			Seir					
First State Stat	donon dont shild of a labbraist?	municipality does contributor	or business h		s associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Yes, list Event # 101613a	fundacione avent listed in Castian II2 V Yes			or prosp	pective state contractor	r? Yes			\$25.00
Method of contribution: Date Received Date Received Credit/Debit Card Payroll Deduction Money Order Date Received 10/16/2013 \$25.00	rundraising event fisted in Section 31:					✓ No			Ψ20.00
Cash	If yes, list Event # 101013a		Exe	ecutive		ative			
Residential Street Address State CT City New Haven State CT O6511-1632		ard Payroll Deduction	Money Orde	er					
Residential Street Address 558 Ellsworth Ave New Haven	Last Name			First		•			M.I.
Sea Ellsworth Ave	Caplan			Frai	ncine				
Principal Occupation Consultant Self Security Self Self Security Self Security Self Sel	Residential Street Address				The second			1 '	•
Self Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes windicate which branch or branches of government the contract is with: If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No Yes fundraising event listed in Section II? Yes fundraising event listed in Section II? Yes, indicate which branch or branches of government the contract is with: If contribution a principal of a state contractor or prospective state contractor? Yes fundraising event listed in Section II? Yes, indicate which branch or branches of government the contract is with: If contribution Date Received Ageregate contribution Ageregate contribution Yes fundraising event listed in Section II? No No No No No No No N			New Ha	ven			СТ	06511-1	1632
dependent child of a lobbyist?					of Employer				
fundraising event listed in Section J1?	domandant shild of a labbrust?	municipality does contributor	or business h		s associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution:				or prosp	pective state contractor	r? Yes	1		\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/21/2013 \$100.00 Last Name Casella Residential Street Address 563 Orange St Principal Occupation Teacher State CTD CTT 06511-3820 Principal Occupation Teacher If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$55,000? Yes No Is this contribution associated with a fundraising event listed in Section J1? Wes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Aggregate contributions Aggregate contributions MI. Casella Diane MI. City No Method of contribution associated with a fundraising event listed in Section J1? No Base of Executive officer of a contract with said municipality valued at more than \$55,000? Yes No State City O6511-3820 Amount of Contribution amount of Contribution or branches of government the contract or prospective state contractor? Fyes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	✓ No		/\			✓ No			Ψ100.00
Cash	If yes, list Event #		Exe	ecutive					
Casella Residential Street Address 563 Orange St Principal Occupation Teacher Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Method of contribution: Date Received Diane City New Haven Name of Employer Yale University Name of Employer Yale University Amount of Contribution State CT 06511-3820 Amount of Contribution State CT 06511-3820 Amount of Contribution State CT 06511-3820 Description 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? Yes If yes, list Event # 101613a State CT 06511-3820 Amount of Contribution State CT 06511-3820 Amount of Contribution State CT 06511-3820 Description Description Amount of Contribution State CT 06511-3820		ard Payroll Deduction	Money Orde	er					
Residential Street Address 563 Orange St New Haven Name of Employer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Method of contribution: City New Haven Name of Employer Yale University If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Last Name	0		First		•			M.I.
Principal Occupation Teacher If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Voo Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a New Haven Name of Employer Yale University If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Voo Is this contribution associated with a fundraising event listed in Section J1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Casella			Dia	ne				
Principal Occupation Teacher Name of Employer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Method of contribution: Name of Employer Yale University Amount of Contribution State contract or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Residential Street Address		City	•				1	•
Teacher Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	563 Orange St		New Ha	ven			СТ	06511-3	3820
dependent child of a lobbyist? In municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Method of contribution: Date Received Aggregate contributions Althount of Contribution Contribution Figure 1. The contribution of Contribution Contribution or Contribution or Contribution Contribution Possible 1. The contribution of Contribution Contr	l								
fundraising event listed in Section J1? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Executive Legislative	dependent child of a lobbyist?	municipality does contributor	or business h		s associated with have	a contract with said	Amour	nt of Cont	ribution
If yes, list Event # 101613a No branches of government the contract is with: Method of contribution: Date Received Aggregate contributions	fundraising event listed in Section I12 V Yes			or prosp	pective state contracto	r? Yes			\$25.00
		branches of government the	_	ecutive	Legisl	ative No			4_0.00
		ard Payroll Deduction	Money Orde	er)		

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 6	alaction		
A. Total Contributions from Small Contributors - Received this	Pariod O	NI V		r days preceding to	SICCLIOIT		
(See instructions for definition of Small Contributor)	renou O	NL I	Subtotal Section A				\$0.00
			Subtotal Section A	S			φυ.υυ
B. Itemized Contributions from Individuals Last Name		Firs					M.I.
							IVI.I.
Casella	T ~:	Ed	ward		La	1 - a .	
Residential Street Address	City New Ha	wen			State CT	Zip Code 06511-3	8820
563 Orange St Principal Occupation	New Ha		of Employer		01	00011-0	0020
Mail Carrier		USF					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific product of the spe	r or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a state of the section J1? No list Event # 101613a Is contributor a principal of a state of the section J1? If yes, indicate which branches of government the contract is with:	or	or pros	_	✓ No			\$25.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$25.00			
Last Name		Firs					M.I.
Cermola		Jos	seph				
Residential Street Address	City				State	Zip Code	
74 Cold Spring St	New Ha	ven			СТ	06511-2	2204
Principal Occupation civil engineer			of Employer linal engineering				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business h				Amou	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros		✓ No			\$370.00
Method of contribution:	Money Orde	er	Date Received 10/04/2013	Aggregate contributions \$370.00			
Last Name		Firs	t	<u> </u>			M.I.
Chapman		Alis	son				
Residential Street Address 204 Edwards St	City New Ha	ven			State CT	Zip Code 06511-3	3771
Principal Occupation		Name	of Employer				
n/a		Reti					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business h				Amoui	nt of Conti	ribution
Is this contribution associated with a fundraicing event listed in Section 112 Yes Is contributor a principal of a sta		or pros	spective state contractor	? Yes			\$100.00
fundraising event listed in Section J1? If yes, indicate which branch of branches of government the contract is with:	_	ecutiv	e Legisla	 ✓ No			ψ100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	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)	\$33,441.00
(Enter total on Line 13 of Summary Page Totals)	φ55,441.00

NAME OF COLOURS				TYPE OF REPORT			
NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Period O.	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Chegwidden		Су	า				
Residential Street Address	City				State	Zip Code	
152 Ocean View St	New Ha				СТ	06512-4	1432
Principal Occupation retail		Name IKE	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	✓ No			\$10.00
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction	Money Orde	er	Date Received 10/22/2013	Aggregate contributions \$40.00			
Last Name		First					M.I.
Cirello		Mic	helle				М
Residential Street Address	City		The same		State	Zip Code	
42 Ley St	New Ha	iven			СТ	06512-3	3920
Principal Occupation n/a			of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	✓ No			\$200.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$200.00			
Last Name		First					M.I.
Clement		Co	nstance				
Residential Street Address 237 E Rock Rd	City New Ha	ven			State CT	Zip Code 06511-1	1230
Principal Occupation	111011111		of Employer				
Museum Administrator			University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a star fundraising event listed in Section J1?		or pros	pective state contracto	Yes			\$200.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv					
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page \$410.00	
TOTAL of Section B Pages \$33,441.00	
F 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	alaction		
A. Total Contributions from Small Contributors - Received this	Daried Ol	NI V		7 days preceding to	SICCLIOIT		
(See instructions for definition of Small Contributor)	renou O	NL I	Subtotal Section A				\$0.00
			Subtotal Section A				φυ.υυ
B. Itemized Contributions from Individuals Last Name		First	:				M.I.
							IVI.I.
Cochran	C:	Fra	INK		l g	7: 0.1	
Residential Street Address	New Ha	ven			State CT	Zip Code 06511-4	1052
433 Edgewood Ave Principal Occupation	11011110		of Employer		1 .	000	
attorney		retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros	_	✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/21/2013	Aggregate contributions \$50.00			
Last Name		First					M.I.
Codianni		Ro	n				
Residential Street Address	City		THE .		State	Zip Code	ı
1425 Quinnipiac Ave, Unit 302	New Ha	ven			CT	06513-1	751
Principal Occupation Finance Mgr			of Employer rd Motors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amou	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r —	or pros		✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/25/2013	Aggregate contributions \$125.00	<u>-</u>)		
Last Name		First	t	•	1		M.I.
Coe		Mic	chael				
Residential Street Address	City				State	Zip Code	
376 Saint Ronan St	New Ha	ven			CT	06511-2	2251
Principal Occupation Author		Name Reti	e of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$250.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Rev 1/12		I. MONETARY RECEIPTS (Sections A-K)						2 of	125
NAME OF COMMITTEE						TYPE OF REPORT			
Justin Elicker for Mayor						7 days preceding	election		
A. Total Contributions from S	Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of S	mall Cont	tributor)			Subtotal Section	A			\$0.00
B. Itemized Con	tributio	ns from Individuals							
Last Name				Firs	t				M.I.
Cole				Ga	ry				
Residential Street Address			City				State	Zip Code	:
29 Brookfield Dr			Northfo	rd			СТ	06472-	1244
Principal Occupation					e of Employer	. 1			
Information Requested				Intol	rmation Requeste	e a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business han \$5,000?	ne/she	is associated with have Yes	a contract with said No	Amour	nt of Con	tribution
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Is contributor a principal of a stat If yes, indicate which branch of		or pros	spective state contractor	r? Yes			\$25.00
If yes, list Event #	✓ No	branches of government the contract is with:		ecutiv	re Legisl	ative No			·
Method of contribution: ☐ Cash ☐ Personal Check ✓	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 10/11/2013	Aggregate contributions \$25.00			
Last Name				Firs	t	l			M.I.
Coleman				Cle	eveland				
Residential Street Address			City		The same of		State	Zip Code	
116 Avon St			New Ha	ven			СТ	06511-	2423
Principal Occupation Student				Name Yale	e of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Con	tribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a	✓ Yes □ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	100	_	✓ Yes			\$20.00
		contract is with:	Exc	ecutiv			_		
Method of contribution: Cash Personal Check	Credit/Debi	t Card Payroll Deduction	Money Ordo	er	Date Received 10/16/2013	Aggregate contributions \$20.00			_
Last Name				Firs	t				M.I.
Connor				Pat	trick				
Residential Street Address 2084 Chapel St			City New Ha	ven			State CT	Zip Code 06515-	
Principal Occupation Public Relations				Name Self	e of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Con	tribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or pros	_	✓ Yes			\$100.00
., .,		contract is with:		cuti V			1		

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

Date Received 10/25/2013

Aggregate contributions

\$100.00

Method of contribution:

Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	alection		
A. Total Contributions from Small Contributors - Received this	Daried O	NI V		r days preceding to	516011011		
(See instructions for definition of Small Contributor)	renou O	NLI	Subtotal Section A				\$0.00
			Subtotal Section A	S			Φ0.00
B. Itemized Contributions from Individuals Last Name		First					M.I.
							MI.I.
Cox	T ~	Rol	bert		Τ «	1 - a .	
Residential Street Address	City New Ha	wen			State	Zip Code 06511-2	2400
85 Livingston St Principal Occupation	New Ha		of Employer			00311-2	1403
Financial Consultant		Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch obranches of government the contract is with:	r	or pros	_	✓ No			\$200.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$200.00)		
Last Name		First					M.I.
Criscuolo		Chi	ristine				
Residential Street Address	City		THE .		State	Zip Code	
356 Humphrey St	New Ha	iven			СТ	06511-3	3938
Principal Occupation Nurse		Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Ves If yes, list Event # 101613a Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r —	or pros	_	✓ No			\$15.00
Method of contribution:	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$15.00)		
Last Name		First	t	<u> </u>			M.I.
Cucuzza		Dre	ew				
Residential Street Address	City	•			State	Zip Code	•
351 Central Ave	New Ha				CT	06515-2	2207
Principal Occupation Court Planner			of Employer e of Ct Judicial				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess of municipality does contributor municipality valued at more the specific of the	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		✓ Yes			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$100.00			

ge \$315.00	SUBTOTAL Section B - This Page
es \$33,441.00	TOTAL of Section B Pages
B) \$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 e	election		
A. Total Contributions from Small Contr	ributors - Received this l	Period Ol	NLY					
(See instructions for definition of Small Contrib	outor)			Subtotal Section A				\$0.00
B. Itemized Contributions	from Individuals							
Last Name			First					M.I.
Curran			Don	ina				
Residential Street Address		City				State	Zip Code	
620 Quinnipiac Ave		New Ha	ven			СТ	06513-4	1003
Principal Occupation n/a			Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business h				Amoun	nt of Conti	ibution
fundraising event listed in Section J1?	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution: ☐ Cash	ard Payroll Deduction	Money Orde	er	Date Received 10/22/2013	Aggregate contributions \$100.00)		
Last Name			First					M.I.
Curran			Will	iam				
Residential Street Address		City	- 4			State	Zip Code	•
401 Temple St		New Ha				СТ	06511-6	801
Principal Occupation Investment Advisor				of Employer y Associates, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{municipality does contributor of municipality valued at more th	or business h				Amoun	nt of Conti	ibution
fundraising event listed in Section J1? Ves	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$370.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$370.00)		
Last Name			First					M.I.
Daly			Mar	у				
Residential Street Address		City				State	Zip Code	2000
182 Cold Spring St		New Ha				СТ	06511-2	2230
Principal Occupation Clinical Psychologist			Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business h				Amoun	nt of Conti	·ibution
fundraising event listed in Section J1? Yes V No	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓ No			\$25.00
Method of contribution: ☐ Cash		Money Orde	er	Date Received 10/15/2013	Aggregate contributions \$50.00	1		

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

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NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Contrib	butors - Received this F	Period ON	NLY					
(See instructions for definition of Small Contribution	tor)		5	Subtotal Section A				\$0.00
B. Itemized Contributions fr	om Individuals							
Last Name			First					M.I.
Daly			Mary	/				
Residential Street Address		City				State	Zip Code	
182 Cold Spring St		New Hav	ven			СТ	06511-2	230
Principal Occupation				f Employer				
Clinical Psychologist			Self					
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more that	r business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	contributor a principal of a state yes, indicate which branch or ranches of government the			_	✓ No			\$25.00
If yes, list Event # 1021 100	ontract is with:	Exe	cutive	Legislat	tive			
Method of contribution: Cash	d Payroll Deduction	Money Orde	r	Date Received 10/27/2013	Aggregate contributions \$50.00			
Last Name		1	First	10/21/2013	Ψ30.00			M.I.
David			Harr	y				
Residential Street Address		City				State	Zip Code	
441 Chapel St		New Hav	-			СТ	06511-5	843
Principal Occupation Retired			Name o	f Employer ed				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more that	r business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	contributor a principal of a state fyes, indicate which branch or	contractor o	or prosp	ective state contractor?	Yes			\$370.00
	ranches of government the ontract is with:	Exe	cutive	Legislat	tive No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	d Payroll Deduction	Money Order	r	Date Received 10/10/2013	Aggregate contributions \$370.00			
Last Name	0		First	<u>'</u>				M.I.
DeBor			Mary	/dale				
Residential Street Address		City				State	Zip Code	
360 State St, Apt 2501		New Hav	ven			СТ	06510-3	624
Principal Occupation n/a			Name o	f Employer				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more that	r business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	contributor a principal of a state yes, indicate which branch or ranches of government the				⊥ Yes			\$300.00
CC	ontract is with:	Ехе	cutive	Legislat				
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	d Payroll Deduction	Money Order	r	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) (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 e	election		
A. Total Contributions from Small Con	tributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Contr	ributor)			Subtotal Section	A			\$0.00
B. Itemized Contribution	s from Individuals							
Last Name			First					M.I.
Decker			Mai	ry Beth				
Residential Street Address		City				State	Zip Code	
177 Livingston St		New Ha				СТ	06511-2	2209
Principal Occupation Biologist				of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a	Is contributor a principal of a state <i>If yes</i> , indicate which branch or branches of government the contract is with:	:	or pros		✓ No			\$50.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit		Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$100.00)		
Last Name			First		ı	ļ		M.I.
DeFlumeri			Ric	hard				
Residential Street Address		City		100		State	Zip Code	2010
86 Edwards St		New Ha		A		СТ	06511-3	3918
Principal Occupation Events Planner				of Employer School of Archit	ecture			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros		☐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit		Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$75.00	-)		
Last Name	0		First		1			M.I.
Degennaro			Mai	rtin				
Residential Street Address 548 Orange St, Apt 404		City New Ha	ven			State CT	Zip Code 06511-3	3866
Principal Occupation Retired				of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	r? Yes			\$50.00
If yes, list Event # 100413a	branches of government the contract is with:	Exe	ecutiv	eLegisl	ative			
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

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NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Cont	ributor)			Subtotal Section A				\$0.00
B. Itemized Contribution	ns from Individuals							
Last Name			First					M.I.
Denbo			Jam	ies				
Residential Street Address		City				State	Zip Code	
6006 Overlea Rd		Betheso				MD	20816-2	2454
Principal Occupation				of Employer				
Information Requested			Jame	es R. Denbo, Esc	∤·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	Yes Yes			\$150.00
If yes, list Event #	branches of government the contract is with:	_	ecutive	Legisla	✓ No ative			
Method of contribution: Cash ✓ Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$150.00			
Last Name			First					M.I.
Desiato			Pao	lo				
Residential Street Address		City	- 1			State	Zip Code	
123 Canner St		New Ha				СТ	06511-2	2201
Principal Occupation APRN				of Employer New Haven Hos	pital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No			\$20.00
Method of contribution:	contract is with:	0		Date Received	Aggregate contributions	<u> </u>		
✓ Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	, 1	10/16/2013	\$20.00			I
Last Name			First					M.I.
DeVane			Mar	garet				
Residential Street Address		City Hamder	n			State CT	Zip Code 06517-4	1017
65 Edgehill Ter Principal Occupation		Hamuei		of Employer		01	00317-4	1017
Volunteer			NA	or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r _	or prosp		∐ Yes ✓ No			\$100.00
Method of contribution:	contract is with:		Cutive	Date Received	Aggregate contributions	-		
Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	er	10/04/2013	\$100.00			

\$270.00	SUBTOTAL Section B - This Page
\$33,441.00	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)

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Receive	d this Period (ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	Λ			\$0.00
B. Itemized Contributions from Individuals							
Last Name		Firs	t				M.I.
Dicks		Re	nate				
Residential Street Address	City				State	Zip Code	
37 Florence Ave	New H	aven			СТ	06512-3	3944
Principal Occupation Office Mgr			of Employer Human Services				
	ntributor or business	he/she	committee for a chief is associated with have		Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal If yes, indicate which to branches of governmen contract is with:	branch or	r or pros	_	✓ No			\$370.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	ction Money Or	der	Date Received 10/22/2013	Aggregate contributions \$740.00			
Last Name		Firs					M.I.
Digioia		En	rico				
Residential Street Address	City		a de la companya de l		State	Zip Code	
third ave	West I				СТ	06516	
Principal Occupation Owner			of Employer automotive				
	ntributor or business	he/she	committee for a chief of is associated with have Yes		Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal If yes, indicate which the branches of government contract is with:	branch or	r or pros	_	✓ No			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduct	ction Money Or	der	Date Received 10/07/2013	Aggregate contributions \$200.00	1		
Last Name	00	Firs	t				M.I.
Dimeo		Bra	adford				
Residential Street Address 140 Nayatt Rd	City Barring	gton			State RI	Zip Code 02806-3	3335
Principal Occupation Executive	·		of Employer eo Construction (Company		•	
	ntributor or business	he/she	committee for a chief is associated with have		Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal If yes, indicate which to branches of government contract is with:	branch or	r or pros		∐ Yes ✓ No			\$370.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduct	ction Money Or	der	Date Received 10/27/2013	Aggregate contributions \$370.00	1		

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 COMMUNICA					TWDE OF DEPORT			
NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Con		Period Ol	NLY					
(See instructions for definition of Small Contr	ributor)			Subtotal Section A	A			\$0.00
B. Itemized Contribution	s from Individuals							
Last Name			First	t				M.I.
Dobkowski-Joy			Ale	ksandra				
Residential Street Address		City				State	Zip Code	
114 Canner St, FI 1		New Ha	ven			СТ	06511-2	2202
Principal Occupation				of Employer				
Consultant			Fran	nework LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amour	nt of Conti	·ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros	_	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit		Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$100.00			
Last Name			First					M.I.
Doyon			Lec	on				
Residential Street Address		City				State	Zip Code	
1570 Quinnipiac Ave		New Ha	iven			СТ	06513-1	511
Principal Occupation Editor				of Employer AF, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 102713a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros		✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$50.00			
Last Name			First	t				M.I.
DREMOV			IVA	۸N				
Residential Street Address		City				State	Zip Code	
112 Hoyt St, Apt 4A		Stamfor	d			CT	06905-5	719
Principal Occupation CONSULTANT				of Employer RS & CO				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amour	it of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	spective state contractor	Yes			\$370.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv			-		
Method of contribution: Cash Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/22/2013	Aggregate contributions \$370.00			

SUBTOTAL Section B - This Page \$520.0	
TOTAL of Section B Pages \$33,441.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441.0	

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	lection		
A. Total Contributions from Small Contribu	tors - Received this Peri	od ONLY					
(See instructions for definition of Small Contributor	r)		Subtotal Section A				\$0.00
B. Itemized Contributions from	m Individuals						
Last Name		First	t				M.I.
Duffy		Tho	omas				
Residential Street Address	City	y			State	Zip Code	
216 Edwards St	Ne	w Haven			СТ	06511-3	3771
Principal Occupation			of Employer				
n/a		raie	University				
dependent child of a lobbyist?	contribution is in excess of \$400 t unicipality does contributor or bus unicipality valued at more than \$5	siness he/she			Amoun	t of Contr	ibution
fundraising event listed in Section J1?	tributor a principal of a state cont es, indicate which branch or iches of government the	_		✓ No			\$15.00
cont	ract is with:	Executiv					
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Mone	ey Order	Date Received 10/16/2013	Aggregate contributions \$15.00			
Last Name		First		·			M.I.
Duncan		Rad	chel				
Residential Street Address	City	y			State	Zip Code	
334 Front St	Ne	w Haven			CT	06513-3	3223
Principal Occupation Pastor			of Employer aan United Method	dist Church			
dependent child of a lobbyist?	contribution is in excess of \$400 to unicipality does contributor or bus unicipality valued at more than \$5	siness he/she			Amoun	t of Contr	ibution
fundraising event listed in Section J1? If yes list Event # If yes	tributor a principal of a state cont es, indicate which branch or iches of government the	Executiv	_	✓ No			\$15.00
Method of contribution:	ract is with:	Executiv		Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction Mone	ey Order	10/24/2013	\$15.00			
Last Name		First	t				M.I.
Dunn		Ma	rgaret				
Residential Street Address	City	v			State	Zip Code	
224 Front St	Ne	w Haven			CT	06513-3	204
Principal Occupation College Teacher			e of Employer e of Connecticut				
dependent child of a lobbyist?	contribution is in excess of \$400 to inicipality does contributor or bus inicipality valued at more than \$5	siness he/she			Amoun	t of Contr	ibution
fundacione avent listed in Section 119 V 198	tributor a principal of a state cont	tractor or pros	spective state contractor?	Yes			\$25.00
If ye	s, indicate which branch or iches of government the	¬₽		. V No			ψ20.00
If yes, list Event # 1020100 cont	ract is with:	Executiv					
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Mone	ey 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) (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 Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	ntributor)			Subtotal Section A	A			\$0.00
B. Itemized Contribution	ons from Individuals				•			
Last Name			First					M.I.
Dutton			Gar	v				
Residential Street Address		City		,		State	Zip Code	
720 Durion Ct		Sanibel				FL	33957-5	311
Principal Occupation		•	Name	of Employer				
Retired			Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more th	or business h han \$5,000?	ne/she i	s associated with have Yes	a contract with said No	Amoun	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		✓ No			\$75.00
Method of contribution: ☐ Cash	oit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$75.00			
Last Name			First					M.I.
Ebert			Sha	aron				
Residential Street Address		City				State	Zip Code	
15 Edgewood Way		New Ha	ven			CT	06515-2	2441
Principal Occupation				of Employer				
Director Planning and Development			Hous	sing Authority of	the City of Bridgepo	rt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state		or pros	pective state contractor	res]		\$100.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Del	oit Card Payroll Deduction	Money Orde	er	Date Received 10/06/2013	Aggregate contributions \$100.00			
Last Name	00		First					M.I.
Emmerth			Mic	hael				Т
Residential Street Address		City				State	Zip Code	
246 W Rock Ave		New Ha	ven			СТ	06515-2	<u>2</u> 131
Principal Occupation Info Techn Proj Mgr				of Employer nne + Nagel, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Del	oit Card Payroll Deduction			Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page \$275.	
TOTAL of Section B Pages \$33,441.	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$33,441. (Enter total on Line 13 of Summary Page Totals)	

NAME OF COMMITTEE						TYPE OF REPORT			
Justin Elicker for Mayor						7 days preceding e	election		
A. Total Contributions from Small Con	tributors - Received this	Period Ol	NLY						
(See instructions for definition of Small Contr	ributor)			Subtotal Sec	tion A				\$0.00
B. Itemized Contribution	s from Individuals								
Last Name			First						M.I.
Epperson			Joh	anna					
Residential Street Address		City					State	Zip Code	
37 S Water St		New Ha	ven				CT	06519-2	2821
Principal Occupation				of Employer					
Data Quality			D&B						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h					Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section 112 Yes	Is contributor a principal of a state		or pros	pective state cor	ntractor	Yes			\$370.00
Tundraising event listed in Section 31:	<i>If yes</i> , indicate which branch or branches of government the					✓ No			ψ370.00
If yes, list Event # 101613a	contract is with:	Exe	ecutiv	<u> </u>	Legisla	tive			
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013		Aggregate contributions \$370.00			
Last Name			First				•		M.I.
Esposito			Lyd	ia					
Residential Street Address		City		The same			State	Zip Code	
238 Foster St		New Ha	ven				СТ	06511-2	2650
Principal Occupation Information Requested				of Emplover mation Requ	ueste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h					Amoun	t of Cont	ribution
Is this contribution associated with a fundroising event listed in Section 112 Yes	Is contributor a principal of a state	e contractor of	or pros	pective state cor	ntractor	Yes]		\$25.00
Tundraising event listed in Section 31: ✓ No	If yes, indicate which branch or branches of government the	/\	, ,			✓ No			φ25.00
If yes, list Event #	contract is with:	Exe	ecutiv		Legisla		ļ		
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013		Aggregate contributions \$25.00			
Last Name			First						M.I.
Farkas			Her	nry					
Residential Street Address		City					State	Zip Code	
37 Florence Ave		New Ha					СТ	06512-3	3944
Principal Occupation				of Employer edHealth Gre	0110				
Snr Unix Administrator			Office	euneaith Gr	oup				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h					Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state cor	ntractor	res			\$370.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv	e 🔲 I	Legisla	tive No			
Method of contribution: Cash ✓ Personal Check Credit/Debit		Money Orde	er	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

Justin Elicker for Mayor 7 days preceding election	ction	
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		M.I.
Faulkner James		
Residential Street Address City State		
130 Mitchell Dr New Haven CT	T 06511-2	518
Principal Occupation Name of Employer System Administrator Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No	mount of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes 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: Executive Legislative	\$	\$100.00
Method of contribution: Date Received Aggregate contributions □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order 10/20/2013 \$200.00		
Last Name First		M.I.
Feinberg Susan		
Residential Street Address City State		
189 Westwood Rd New Haven CT	T 06515-2	244
Principal Occupation Name of Employer Teacher Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No	mount of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	:	\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/25/2013 \$100.00		
Last Name First		M.I.
Fernandez Lisa		
Residential Street Address 148 Cold Spring St New Haven City New Haven CT		206
Principal Occupation Name of Employer Educational Administrator Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	mount of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the listed in Section J1? Yes V No	;	\$200.00
If yes, list Event # branches of government the contract is with:		
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received 10/05/2013 Aggregate contributions \$200.00		

SUBTOTAL Section B - This Page \$400	
TOTAL of Section B Pages \$33,441	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441	

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this P	eriod Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals				•			,
Last Name		First					M.I.
Fisher		Jam	es K.				
Residential Street Address	City				State	Zip Code	I
448 Fountain St	New Ha	ven			СТ	06515-1	801
Principal Occupation			of Employer			•	
Archivist		Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$2 municipality does contributor or municipality valued at more than	r business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Is contributor a principal of a state If yes, indicate which branch or branches of government the	_		_	✓ No			\$370.00
Method of contribution:	Money Orde	ecutive er	Date Received 10/04/2013	Aggregate contributions \$370.00	-		
Last Name		First		•			M.I.
FitzGerald		Step	hanie				
Residential Street Address	City				State	Zip Code	l
433 Edgewood Ave	New Ha	iven			СТ	06511-4	1052
Principal Occupation educatior		Name or retire	of Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more tha	r business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the	contractor o	or prosp		∐ Yes			\$50.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction □ N	Money Orde	er	Date Received 10/21/2013	Aggregate contributions \$50.00			
Last Name		First					M.I.
Flynn		Julie	•				
Residential Street Address	City				State	Zip Code	
216 Bishop St, Apt 202	New Ha				СТ	06511-3	3745
Principal Occupation Information Requested			of Employer nation Requested	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Wo If contribution is in excess of \$200 municipality does contributor on municipality valued at more than the contributor of the	r business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If we indicate which branch or	contractor o	or prosp	ective state contractor	? Yes			\$25.00
If yes, indicate which branch or branches of government the	□ Exe	ecutive	Legisla	✓ No			Ψ20.00
Method of contribution:			Date Received	Aggregate contributions	-		
	Money Orde	er	10/22/2013	\$25.00			

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

Page	35	of	125

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Ford		Joy					
Residential Street Address	City				State	Zip Code	
411 Temple St	New Ha	iven			СТ	06511-6	803
Principal Occupation			of Employer				
City Planner		City	of New Haven				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a star if yes, indicate which branches of government the		or prosp		✓ No			\$150.00
If yes, list Event # contract is with:	Exc	ecutive		ntive	-		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/11/2013	Aggregate contributions \$150.00			
Last Name		First					M.I.
Frechette		Tho	mas				
Residential Street Address	City	- 4			State	Zip Code	
346 Yale Ave	New Ha				СТ	06515-2	2233
Principal Occupation Architect			of Employer n Roche, John Di	nkeloo & Associate	s		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch		or prosp	pective state contractor	res			\$20.00
If yes, list Event # 102013a South Branches of government the contract is with:	Exe	ecutive	Legisla	✓ No ntive			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$20.00			
Last Name		First					M.I.
Frew		Rob	ert				
Residential Street Address	City				State	Zip Code	
204 Bishop St	New Ha				СТ	06511-3	3718
Principal Occupation Architect		Name of Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a sta		or prosp	pective state contractor	? Yes			\$100.00
If yes, list Event # 101613a If yes, list Event # 101613a If yes, indicate which branch branches of government the contract is with:	_	ecutive	Legisla	✓ No ative			Ψ100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

I. MONETARY RECEIPTS (Sections A-K)

Page	36	of	125

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		St	ubtotal Section A				\$0.00
B. Itemized Contributions from Individuals				•			
Last Name		First					M.I.
Gabrielle		Ellen					
Residential Street Address	City				State	Zip Code	
188 Central Ave	New Ha	aven			СТ	06515-2	2237
Principal Occupation			Employer				
n/a		n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of branches of government the	or		_	✓ No			\$25.00
Method of contribution:			Legisla Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		0/25/2013	\$25.00			247
Last Name		First					M.I.
Gacek	T ~	Paul				I =	
Residential Street Address	City New Ha	aven			State CT	Zip Code 06511-3	1812
83 Pearl St Principal Occupation	14CW 11G		Employer		01	000110	7012
Retired	- 49	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of the section J1?		or prospec	ctive state contractor	?			\$100.00
If yes, list Event # 101613a branches of government the contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution:	Money Orde		Date Received 0/16/2013	Aggregate contributions \$100.00			
Last Name		First					M.I.
Gallo-Garabedin		Marie					
Residential Street Address	City	'			State	Zip Code	
1362 State St	New Ha				СТ	06511-2	2727
Principal Occupation President			Employer Appliances				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of municipality does contributor municipality valued at more of the second secon	r or business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Is contributor a principal of a star If yes, indicate which branch of branches of government the content is with.	or	or prospec	tive state contractor	∐ Yes ✓ No			\$370.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	Г	Date Received 10/12/2013	Aggregate contributions \$370.00	-		

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

Justin Elicker for Mayor 7 days preceding election	tion	
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		M.I.
Geismar Daphne		
Residential Street Address City State		
159 Bradley St New Haven CT	T 06511-6	203
Principal Occupation Name of Employer		
graphic design self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	nount of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes indicate which branch or		\$100.00
No branches of government the		φ.ου.ου
ty yes, list Event # contract is with: Executive Legislative		
Method of contribution: Date Received Aggregate contributions Cash Personal Check		
Last Name First		M.I.
Giampietro Kathryn		
Residential Street Address City State		
153 1/2 Bradley St New Haven CT	T 06511-6	218
Principal Occupation Name of Employer Musician Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No	nount of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes indicate which branch or		\$25.00
If yes, indicate which branch or branches of government the		Ψ20.00
Method of contribution: Date Received Aggregate contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$50.00		
Last Name First		M.I.
Gilmore-Hebert Maureen		
Residential Street Address City State		
190 Nicoll St New Haven CT	T 06511-2	624
Principal Occupation Name of Employer Professor University of New Haven		
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a		
dependent child of a lobbyist? No It contribution is in excess of \$400 to a candidate committee for a chief executive office of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	nount of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or	:	\$100.00
If yes, list Event #		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/27/2013 \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

ъ	20	c	105
Page	38	of	125

NAME OF COMMITTEE			TYPE OF REPORT			
Justin Elicker for Mayor			7 days preceding 6	election		
A. Total Contributions from Small Contributors - Red	ceived this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. Itemized Contributions from Individ	uals					
Last Name		First				M.I.
Gjellstad		Rolfe				
Residential Street Address	City	I		State	Zip Code	
60 Nicoll St	New Ha	iven		СТ	06511-2	2622
Principal Occupation Retired		Name of Employer N/A				
		IV/A				
dependent child of a lobbyist? municipality do		ndidate committee for a chie ne/she is associated with hav Yes		Amoun	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Yes Is contributor a pri If yes, indicate we branches of gove contract is with:	which branch or	or prospective state contract	✓ No			\$50.00
Method of contribution:	Deduction Money Orde	Date Received	Aggregate contributions \$100.00			
Last Name		First	1	<u> </u>		M.I.
Gobel		Susan				
Residential Street Address	City	4		State	Zip Code	
70 Ogden St	New Ha			СТ	06511-1	1324
Principal Occupation Physician		Name of Employer Gastroenterology Ce	enter of Connecticut			
dependent child of a lobbyist? municipality do		ndidate committee for a chie ne/she is associated with hav Yes		Amoun	it of Conti	ribution
fundraising event listed in Section J1? If yes, indicate w If yes, list Event # V No If yes, indicate w branches of gove	which branch or	or prospective state contract	✓ Yes			\$370.00
Method of contribution:		Date Received	Aggregate contributions			
	Deduction Money Orde		\$370.00			
Last Name	0	First	1			M.I.
Goodall		Leala				
Residential Street Address	City	•		State	Zip Code	
79 Bishop St	New Ha			СТ	06511-3	3931
Principal Occupation Information Requested		Name of Employer Information Request	ed			
dependent child of a lobbyist? municipality do		ndidate committee for a chie ne/she is associated with hav Yes		Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate w	•	or prospective state contract	or? Yes			\$7.50
If yes, list Event # 101613a No Pranches of gove contract is with:	rnment the	ecutive Legis	lative No			
Method of contribution: ✓ Cash Personal Check Credit/Debit Card Payroll	Deduction Money Orde	Date Received 10/16/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

SEEC FORM 20 Rev 1/12	I. MONE	ΓARY RECEI	PTS (Sections A-K)	Pag	ge 39)
NAME OF COMMITTEE				TYPE OF REPORT		
Justin Elicker for Mayor				7 days preceding	election	
A. Total Contributions from S	Small Contributors - Receive	d this Period O	NLY			
(See instructions for definition of S	small Contributor)		Subtotal Section A			
B. Itemized Cor	ntributions from Individuals					
Last Name			First			_
Goodall			Lorelei			
Residential Street Address		City			State	7
79 Bishop St		New Ha	iven		CT	0
Principal Occupation			Name of Employer			
Information Requested			Information Requested	d		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			ndidate committee for a chief e		Amoun	ıt o

A. Total Contributions from Small Contrib		eriod ON	LY				
(See instructions for definition of Small Contribution)	*		Subtotal Section	on A			\$0.00
B. Itemized Contributions fr	om Individuals						
Last Name			First				M.I.
Goodall			Lorelei				
Residential Street Address		City			State	Zip Code	
79 Bishop St		New Have			СТ	06511-3	3931
Principal Occupation			ame of Employer				
Information Requested		ır	nformation Reque	estea			
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more that	r business he/			Amour	nt of Conti	ribution
	contributor a principal of a state	contractor or	prospective state contra	actor? Yes			Ф 7 го
Idildraising event fisted in Section 31:	yes, indicate which branch or			✓ No			\$7.50
	ranches of government the ontract is with:	Exec	utive Le	gislative V 100			
Method of contribution:		Money Order	Date Received	Aggregate contributions			
	a Fayion Deduction		10/16/2013	\$7.50	<u>'</u>		
Last Name			First				M.I.
Graff-Lovett			Sharon	P			
Residential Street Address		City			State	Zip Code	1400
352 W Rock Ave		New Have			СТ	06515-2	2106
Principal Occupation			ame of Employer				
Librarian			IHPL				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more that	r business he/			Amour	nt of Conti	ribution
fundraising event listed in Section J1? V Yes If wes list Event # 102013a No bi	contributor a principal of a state fyes, indicate which branch or ranches of government the ontract is with:	contractor or	<u></u>	Yes Yes No			\$25.00
Method of contribution: ✓ Cash Personal Check Credit/Debit Card		Money Order	Date Received 10/20/2013	Aggregate contributions \$75.00			
Last Name			First	¥1533	1		M.I.
Greene			Ann				Т
Residential Street Address		City	AIIII		State	Zip Code	'
158 Porter St		New Have	en		CT	06511-5	5120
Principal Occupation			ame of Employer		10.	1 00011	
Writer			elf				
V	YC	100	1				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more that	r business he/			Amour	nt of Conti	ribution
I IYES I	contributor a principal of a state	contractor or	prospective state contra	actor? Yes			¢100.00
Idindraising event fisted in Section 31:	yes, indicate which branch or			✓ No			\$100.00
	ranches of government the ontract is with:	Exec	utive Le	gislative			
Method of contribution: ☐ Cash	d Payroll Deduction	Money Order	Date Received 10/09/2013	Aggregate contributions \$175.00			
			1	•	-		

SUBTOTAL Section B - This Page	\$132.50
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)	ψ55,++1.00

Justin Elicker for Mayor A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals I. Lard Name B. Itemized Contributions Name of Employer Normal Contribution Name of Employer Normal Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a manacipality does on contribution or business, bedue is associated with have a commark with and promoting of the production of the contribution of business, bedue is associated with have a commark with and promoting of the contribution of business, bedue is associated with have a commark with and promoting of the promo	NAME OF COMMITTEE			TYPE OF REPORT			
A. Total Contributions from Small Contributors - Received this Period ONLY	Justin Elicker for Mayor			7 days preceding 6	election		
See instructions for definition of Small Contributions From Individuals First Small Contributions From Individuals First Small Contributions From Individuals First Small Contribution From Individuals First Small Contribution First Small Contribution From Individuals First Small Contribution From Individuals First First First From Individuals First	·	s - Received this Period (NLY	1			
Last Name First Ann State Zip Code To		, received this relied (\$0.00
Last Name First Ann T T T T T T T T T	· · · · · · · · · · · · · · · · · · ·	dividuale	Bustotul Section 1	1			Ψ0.00
City New Haven State Address City New Haven State To Gest		luividuais	Firet				мі
Residential Street Address State New Haven Name of Employer Self Is contribution a sobociated with a municipality obes contribution or bostiess he she is associated with a municipality obes contribution or bosties in excess of \$400 to a candidate committee for a chief executive officer of a municipality obes contribution or bosties in several properties and a section of the section							
158 Porter St		ar.	Ann		G	7: 0.1	ı
Name of Employer Self		· · · · · · · · · · · · · · · · · · ·	aven			1	120
Self	100 / 01101 01	1101111				000110	7120
Amount of Contribution associated with a municipality does contributor or business heaches is associated with have a contract with said municipality valued at more than \$5,000?							
fundraising event listed in Section J1? Yes Jist Event # 101613a	dependent child of a lobbyist? municip	ality does contributor or business	he/she is associated with have	a contract with said	Amour	nt of Conti	·ibution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$175.00 Last Name First Brian Christopher First Brian Christopher M.I. Residential Street Address City New Haven State City O6511-7308 Principal Occupation NGO Consultant Self Southbulon associated with a fundraising event listed in Section J1? Yes Method of contribution: First John M.I. State City Method of Contribution: Self Method of Contribution Sel	fundraising event listed in Section J1? V 1 es If yes, in branches of the section J1?	dicate which branch or of government the		✓ No			\$75.00
Brian Christopher Residential Street Address City New Haven State CT Description State CT Description Self State CT Description Self State CT Description Self		Payroll Deduction Money Or					
Residential Street Address 127 Bishop St 128 New Haven 129 No	Last Name		First				M.I.
127 Bishop St	Griswold		Brian Christopher				
Principal Occupation NGO Consultant South Self Self	Residential Street Address	City			State	Zip Code	
Self Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes Yos fundraising event listed in Section J1? Yes fundraising event listed of contribution: State fundraising event listed in Section J1? Yes fundraising event listed in Section J1?	127 Bishop St	New H	aven		СТ	06511-7	'308
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Principal Occupation				•	•	
dependent child of a lobbyist? No	NGO Consultant		Self				
fundraising event listed in Section J1? ## yes, list Event # 101613a	dependent child of a lobbyist? municip	ality does contributor or business	he/she is associated with have	a contract with said	Amour	nt of Conti	ibution
Hyes, list Event # 101613a		or a principal of a state contracto	r or prospective state contractor	r? Yes			¢10.00
Method of contribution: Cash	If yes, inc		_	✓ No			φ10.00
✓ Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$10.00 Last Name First M.I. Grottole John State Zip Code 12 Kelsey Ct West Haven CT 06516-4921 Principal Occupation Name of Employer Police Officer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	If you list Event # 101013d		xecutive Legisl	ative			
Residential Street Address 12 Kelsey Ct Principal Occupation Police Officer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: State Zip Code O6516-4921 Name of Employer Yale University Name of Employer Yale University Ves If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No Is contribution associated with a fundraising event listed in Section J1? Yes If contribution a principal of a state contractor or prospective state contractor? Yes Security Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Date Received Da		Payroll Deduction Money Or					
Residential Street Address 12 Kelsey Ct West Haven Name of Employer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: City West Haven Name of Employer Yale University If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Last Name	20	First				M.I.
12 Kelsey Ct Principal Occupation Police Officer If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Voo Is this contribution associated with a fundraising event listed in Section J1? Yes Is contribution a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution: Date Received Aggregate contributions CT 06516-4921 Amount of Contribution Figure 1. Security 1. Security 2. Security 2. Security 3.	Grottole		John				
Principal Occupation Police Officer Name of Employer Yale University	Residential Street Address	City				Zip Code	
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes No Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Date Received Aggregate contributions Date Received Aggregate contributions Part Received Aggregate contributions Part Received Part Rece	12 Kelsey Ct	West H	łaven		СТ	06516-4	1921
dependent child of a lobbyist? In municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with a fundraising event listed in Section J1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Method of contribution: Date Received Aggregate contributions Amount of Contribution From the Contribution of Contribution Date Received Aggregate contributions	1						
fundraising event listed in Section J1?	dependent child of a lobbyist? municip	ality does contributor or business	he/she is associated with have	a contract with said	Amour	nt of Conti	ibution
If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Date Received Aggregate contributions Date Received Aggregate Aggregate Date Received Aggregate Date Received Date		or a principal of a state contractor	r or prospective state contractor	? Yes			ቀኃበሳ ሶሳ
Method of contribution: Date Received Aggregate contributions	If yes, list Event # If yes, in branches	of government the	xecutive Legisle	✓ No			φ200.00
	Method of contribution:		Date Received	Aggregate contributions			

e \$285.00	SUBTOTAL Section B - This Page
s \$33,441.00	TOTAL of Section B Pages
\$33,441.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$35,441.00	(Enter total on Line 13 of Summary Page Totals)

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Co	ontributors - Received this l	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
B. Itemized Contributio	ns from Individuals							
Last Name			First					M.I.
Grzywacz			Rob	ert				
Residential Street Address		City				State	Zip Code	1
23 Foster St		New Ha	ven			CT	06511-2	2605
Principal Occupation				of Employer				
Information Requested			Intor	mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more th	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a Yes	Is contributor a principal of a state	e contractor of	or prosp	pective state contracto	r? Yes			የ ደለ ለለ
fundraising event listed in Section J1?	If yes, indicate which branch or branches of government the	·			. No			\$50.00
If yes, list Event #	contract is with:	Exe	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 10/14/2013	Aggregate contributions \$99.00			
Last Name			First					M.I.
Guarino			Jen	nifer				
Residential Street Address		City New Ha	ven			State CT	Zip Code 06515-2	2709
195 Cleveland Rd Principal Occupation		14CW Ha		of Employer			00010 2	
Instructor		4		hern CT State U	niversity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$\\$ municipality does contributor of municipality valued at more th	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	res			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	eLegisl	ative No			
Method of contribution: Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$50.00			
Last Name			First					M.I.
Guzzio			Ricl	hard				
Residential Street Address		City				State	Zip Code	1
439 Central Ave		New Ha	ven			CT	06515-2	2232
Principal Occupation X-Ray Tech			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contracto	Yes			\$40.00
If yes, list Event # 102013a	branches of government the contract is with:	Exe	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

SEEC FORM 20 Rev 1/12	I. MONETARY RECEIPTS (Sections A-K)					ge 42	2 of	125
NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding	election		
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY		1 ' ' "			
(See instructions for definition of Small Cor				Subtotal Section	A			\$0.00
B. Itemized Contribution	ons from Individuals							
Last Name			First					M.I.
Hacker			Jac	ob				
Residential Street Address		City				State	Zip Code	
266 Livingston St		New Ha	iven			CT	06511-	1310
Principal Occupation Professor				of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor municipality valued at more the	or business han \$5,000?	ne/she is	s associated with have	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp		✓ No			\$370.00
Method of contribution: ☐ Cash	oit Card Payroll Deduction	Money Ordo	er	Date Received 10/15/2013	Aggregate contributions \$370.00)		
Last Name			First					M.I.
Hardiman			Can	nille				
Residential Street Address		City	- 4			State	Zip Code	
367 Cedar St, Apt 403		New Ha	iven			СТ	06510-	3222
Principal Occupation Student				of Emplover mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prosp	_	✓ Yes			\$10.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$10.00	,		
Last Name	~		First			-		M.I.
Harned			Tho	mas				
Residential Street Address		City				State	Zip Code	
518 Chapel St, Apt 2		New Ha	iven			CT	06511-0	6905
Principal Occupation Process Engineer				of Employer Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Johnston Indianality does contributor or business ha/sha is associated with have a contract with said					Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prosp		∐ Yes ✓ No			\$25.00

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

Date Received 10/06/2013

Aggregate contributions

\$75.00

Method of contribution:

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

NAME OF COMMITTEE						TYPE OF REPORT			
Justin Elicker for Mayor						7 days preceding e	election		
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY						
(See instructions for definition of Small Con	tributor)			Subtotal	Section A	Λ.			\$0.00
B. Itemized Contribution	ns from Individuals								
Last Name			First						M.I.
Hasbani			Sha	iron					
Residential Street Address		City					State	Zip Code	
345 McKinley Ave		New Ha					СТ	06515-2	2026
Principal Occupation Physician			YNH	of Employe H	r				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h		s associated			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			_	✓ No			\$370.00
If yes, list Event # Method of contribution: Cash ✓ Personal Check	contract is with:	Money Orde	ecutive	Date Rece 10/15/2		Aggregate contributions \$370.00			
Last Name			First		0.0	ψο. σ.σσ			M.I.
Hastings			Reb	ecca	1				
Residential Street Address		City			\		State	Zip Code	2444
265 Alden Ave		New Ha		A			СТ	06515-2	2111
Principal Occupation Teacher				of Employe y Region		ols			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h		s associated			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 102713a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		contractor	✓ No			\$25.00
Method of contribution: ☐ Cash		Money Orde	er	Date Rece 10/27/2	ived	Aggregate contributions \$25.00			
Last Name	0		First						M.I.
Hathaway			Ann	eke					
Residential Street Address 152 Canner St		City New Ha	ven				State CT	Zip Code 06511-2	2202
Principal Occupation Retired				of Employe	r		_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h		s associated			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state	contractor	? Yes			\$100.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	· [Legisla	ative			
Method of contribution: Cash ✓ Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Rece 10/15/2		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

I. MONETARY RECEIPTS (Sections A-K)

Page	44	of	125

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		Sul	ototal Section A	A			\$0.00
B. Itemized Contributions from Individuals				•			
Last Name		First					M.I.
Hay		Carol 8	k John				
Residential Street Address	City	•			State	Zip Code	
6 Everit St	New Ha				СТ	06511-2	2208
Principal Occupation Bookseller, Clergyman		Name of E Retired	mployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business l	he/she is ass			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a state of the state of	or	or prospecti	ve state contractor Legisl:	✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	Da	te Received 0/16/2013	Aggregate contributions \$100.00			
Last Name		First					M.I.
Hellerman		Ann Co	oleen				
Residential Street Address	City	- 4	10 m		State	Zip Code	
94 E Rock Rd	New Ha				СТ	06511-1	1340
Principal Occupation Homemaker/Student		Name of E Not app					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business l	he/she is ass			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of the section J1?		or prospecti	ve state contractor	res			\$370.00
If yes, list Event #	Ex	recutive	Legisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord		te Received 0/15/2013	Aggregate contributions \$370.00			
Last Name		First					M.I.
Heslin		James					
Residential Street Address	City				State	Zip Code	
41 Ridge Ln	Wilton				СТ	06897-4	1521
Principal Occupation Information Requested		Name of E Retired	mployer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributo municipality valued at more	r or business l	he/she is ass			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state of the section J1? Yes If yes, indicate which branches of government the	or		_	∐ Yes ✓ No			\$50.00
If yes, list Event # contract is with:	∐Ex	kecutive	Legisl				
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		te Received 0/14/2013	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) (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 6	election		
A. Total Contributions from Small Co	ntributors - Received this I	Period Ol	NLY					
(See instructions for definition of Small Cont	ributor)			Subtotal Section A	A			\$0.00
B. Itemized Contribution	ns from Individuals							
Last Name			First					M.I.
Hindenlang			Jane	e				
Residential Street Address		City				State	Zip Code	
33 Bishop St		New Ha				СТ	06511-3	3931
Principal Occupation				of Employer				
Speech Language Pathologist			South	ern CT State U	niversity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$ municipality does contributor o municipality valued at more the	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contracto	i es			\$50.00
If yes, list Event # 101613a	branches of government the contract is with:	Exe	ecutive					
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$75.00	1		
Last Name			First			•		M.I.
Hobman			Dirk					
Residential Street Address		City				State	Zip Code	•
416 S Grant Ave		Fort Col	lins	_		СО	80521-2	2539
Principal Occupation Photographer			Name of Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of \$ municipality does contributor of municipality valued at more the	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contracto	res			\$130.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	υ ε				
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/08/2013	Aggregate contributions \$130.00	l		
Last Name	0		First					M.I.
Holahan			Sus	an				
Residential Street Address		City				State	Zip Code	
151 Alden Ave		New Ha	ven			СТ	06515-2	2109
Principal Occupation Newspaper Editor			Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more the	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contracto	Yes			\$150.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisl	ative No			
Method of contribution: ☐ Cash	Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$150.00	l		
							· <u></u>	

\$330.00	SUBTOTAL Section B - This Page
\$33,441.00	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)

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received	this Period (ONLY	7				
(See instructions for definition of Small Contributor)			Subtotal Section A	1			\$0.00
B. Itemized Contributions from Individuals							
Last Name		Firs	t				M.I.
Holevoet		Do	nald				
Residential Street Address	City				State	Zip Code	
415 Orange St	New H	laven			CT	06511-6	3406
Principal Occupation			e of Employer				
Graphic Designer		Self					
dependent child of a lobbyist? wunicipality does continuicipality valued at	ributor or business more than \$5,000	s he/she	e committee for a chief of is associated with have Yes	a contract with said No	Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of If yes, indicate which branches of government contract is with:	anch or	or or pro Executiv		✓ No			\$15.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduct	ion Money O	rder	Date Received 10/16/2013	Aggregate contributions \$115.00			
Last Name		Firs	t				M.I.
Holmes		Ca	therine Walker				
Residential Street Address	City		4 July 1		State	Zip Code	•
240 Lawrence St	New F	laven			СТ	06511-2	2419
Principal Occupation Environmental Consultant			e of Employer o Solutions				
	ributor or busines	s he/she	e committee for a chief of is associated with have Yes		Amour	nt of Conti	·ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 102713a Is contributor a principal of If yes, indicate which branches of government contract is with:	ranch or	or or pro		✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduct	ion Money Or	rder	Date Received 10/27/2013	Aggregate contributions \$100.00			
Last Name	0	Firs	t				M.I.
Horan		Су	nthia				
Residential Street Address	City				State	Zip Code	
15 Longview Ter	Madis	on			CT	06443-3	3409
Principal Occupation Teacher			e of Employer e University				
	ributor or busines	s he/she	e committee for a chief of is associated with have Yes		Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which branches of government contract is with:	anch or	or or pro		∐ Yes ✓ No			\$75.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduct	ion Money Or	rder	Date Received 10/27/2013	Aggregate contributions \$75.00	1		

SUBTOTAL Section B - This Page	\$190.00
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			
					ala ati an		
Justin Elicker for Mayor	D : 10	NIT 37		7 days preceding	election		
A. Total Contributions from Small Contributors - Received this	s Period O.	NLY		l .			Φο οσ
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	t				M.I.
Howe		Ke	vin				
Residential Street Address	City				State	Zip Code	
125 Wayland St	North H				СТ	06473-4	353
Principal Occupation		_	of Employer				
Manager		Stop	and Shop				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or pros	_	✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$50.00	-)		
Last Name		First					M.I.
Hurt		Do	rothy				
Residential Street Address	City		THE P		State	Zip Code	l
176 Saint Ronan St	New Ha	ven			СТ	06511-2	2312
Principal Occupation volunteer work	4	Name	e of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business h				Amou	nt of Conti	ibution
Is this contribution associated with a Yes Is contributor a principal of a st	ate contractor	or pros	spective state contractor	r? Yes	1		# 400.00
rundraising event fisted in Section 31? If yes, indicate which branch	or			✓ No			\$100.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$300.00)		
Last Name)	First	t		•		M.I.
Imperati		Ca	rol				
Residential Street Address	City				State	Zip Code	
Clark Rd	Orange				CT	06477	
Principal Occupation	'		of Employer			•	
Information Requested		Infor	mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business h				Amou	nt of Conti	ibution
Is this contribution associated with a Yes Is contributor a principal of a st	ate contractor	or pros	spective state contractor	r? Yes	1		ሰ ርር ርና
rundraising event listed in Section J1? If yes, indicate which branch	or			✓ No			\$25.00
If yes, list Event #	Exe	ecutiv	e Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/04/2013	Aggregate contributions \$25.00			

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

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding	election		
A. Total Contributions from Small Contributors - Received t	his Period O	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Imperati		Pio					
Residential Street Address	City				State	Zip Code	
Clark Rd	Orange	!			СТ	06477	
Principal Occupation			f Employer				
Information Requested		Inforn	nation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution.	outor or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which branches of government the context is with.	nch or	or prospo	ective state contractor Legisl	✓ No			\$25.00
Method of contribution: Cash			Date Received 10/04/2013	Aggregate contributions \$25.00	-)		
Last Name		First					M.I.
Inglese		Stev	en				
Residential Street Address	City	- 4			State	Zip Code	
14 Everit St	New Ha	aven			СТ	06511-2	2208
Principal Occupation Real Estate			f Emplover Haven Group, Ir	nc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution is in excess municipality valued at municipality va	outor or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which branches of government the content is site.	nch or	or prospo	ective state contracto	✓ No			\$370.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deductio			Date Received 10/23/2013	Aggregate contributions \$370.00	<u>-</u>)		
Last Name	O	First			•		M.I.
Jeskey		Adar	m				
Residential Street Address 65 Bishop St	City New Ha	aven			State CT	Zip Code 06511-3	3931
Principal Occupation Information Requested			f Employer y, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution.	outor or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a fundraising event listed in Section J1? If yes, indicate which branches in the section J1?	nch or	or prospe	ective state contracto	Yes Vo			\$370.00
If yes, list Event # 101613a	Exe	ecutive	Legisl	ative	-		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	n Money Ordo		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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Rev 1/12 1. 1VIO1	ETAKT KECEI	IF 13 (Sections A-N	1 48	,0 1,	, 01	123
NAME OF COMMITTEE			TYPE OF REPORT			
Justin Elicker for Mayor			7 days preceding	election		
A. Total Contributions from Small Contributors - Rece	ived this Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section	A			\$0.00
B. Itemized Contributions from Individua	als					
Last Name		First				M.I.
Jimenez		Luis				
Residential Street Address	City	L		State	Zip Code	
1418 State St, Fl 2	New Ha	iven		СТ	06511-2	2728
Principal Occupation Community Leader		Name of Employer n/a				
dependent child of a lobbyist? municipality does		ndidate committee for a chie ne/she is associated with hav Yes		Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a princ If yes, indicate which branches of government of government is with:	ich branch or	or prospective state contract	or? Yes V No			\$150.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll D		Date Received	Aggregate contributions \$150.00	1		
Last Name		First				M.I.
Jones		Gwyneth				
Residential Street Address	City			State	Zip Code	
25 Hayes Rd	Boston			MA	02131-3	3443
Principal Occupation		Name of Employer				
Analyst		Brigham and Wome	n's Hospital			
dependent child of a lobbyist? municipality does		ndidate committee for a chie ne/she is associated with hav Yes		Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a princ If yes, indicate whith the branches of government of the contract is with:	ich branch or	or prospective state contract	or? Yes ✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll D	Deduction Money Orde	Date Received 10/21/2013	Aggregate contributions \$50.00	1		
Last Name	00	First	•			M.I.
Juarez		Daniel				
Residential Street Address	City			State	Zip Code	
463 Norton Pkwy	New Ha	iven		CT	06511-2	2830
Principal Occupation Asst. Dir. of Communications		Name of Employer Yale University				
dependent child of a lobbyist? municipality does		ndidate committee for a chie ne/she is associated with hav Yes		Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Is contributor a princ If yes, indicate which branches of govern contract is with:	ich branch or	or prospective state contract	∐ Yes ✓ No			\$20.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll D	Deduction Money Orde	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)	\$33,441.00
(Enter total on Line 13 of Summary Page Totals)	ψ55,441.00

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Co	ntributors - Received this F	Period Ol	NLY					
(See instructions for definition of Small Cont	tributor)			Subtotal Section	A			\$0.00
B. Itemized Contribution	ns from Individuals							
Last Name			First					M.I.
Kafoglis			Chr	istian				
Residential Street Address		City				State	Zip Code	
20 Autumn St		New Ha	ven			СТ	06511-2	2221
Principal Occupation Educational Administrator				of Employer Soard of Ed				
			INIT E	oald of Ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	r business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundacional avent listed in Section 112 Yes	Is contributor a principal of a state	contractor o	or prosp	pective state contracto	r? Yes]		\$50.00
Tundraising event fisted in Section 31?	If yes, indicate which branch or branches of government the				✓ No			ψ50.00
If yes, list Event # 101613a	contract is with:	Exe	ecutive		ative			
Method of contribution: ☐ Cash	t Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$100.00			
Last Name			First					M.I.
Kane			Tim	othy				
Residential Street Address		City New Ha	von			State CT	Zip Code 06515-2	2013
31 Richmond Ave Principal Occupation				of Employer		Ci	00313-2	2013
Teacher				Haven Board of	Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	r business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes	Is contributor a principal of a state If yes, indicate which branch or	contractor o	or prosp	pective state contracto	res]		\$50.00
If yes, list Event # 102013a	branches of government the contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution: ☐ Cash	t Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$50.00			
Last Name	0		First					M.I.
Kaplan			Will	iam				
Residential Street Address		City				State	Zip Code	
43 Autumn St		New Ha	ven			СТ	06511-2	2220
Principal Occupation Teacher				of Employer eld University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor o municipality valued at more tha	r business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or	contractor	or prosp	pective state contracto	Yes			\$100.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	t Card Payroll Deduction	Money Orde	er	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) (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 6	election		
A. Total Contributions from Small Contributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	1			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	:				M.I.
Kaplan		Wil	liam				
Residential Street Address	City				State	Zip Code	
43 Autumn St	New Ha	ven			СТ	06511-2	2220
Principal Occupation			of Employer				
Teacher		Fairf	ield University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes V No Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros		✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/12/2013	Aggregate contributions \$200.00	-		
Last Name		First			,		M.I.
Kerr		Jea	anne				
Residential Street Address	City		and the same		State	Zip Code	•
184 Lawrence St	New Ha	ven			СТ	06511-2	2417
Principal Occupation Retired		Name Retii	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state fundraising event listed in Section J1?		or pros	pective state contractor	r? Yes			\$100.00
If yes, list Event # 102713a No If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisl	✓ No ative			Ψ100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	r	Date Received 10/27/2013	Aggregate contributions \$100.00			
Last Name		First					M.I.
King		Les	slie				
Residential Street Address	City				State	Zip Code	
230 Ridgewood Ave	Hamder	1			СТ	06517-	1430
Principal Occupation n/a			of Employer ike Kelly, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific contributor.	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	pective state contractor	Yes Yo			\$100.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	r	Date Received 10/15/2013	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Page	52	of	125
Page	52	OI	123

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small C	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Co	ntributor)			Subtotal Section A				\$0.00
B. Itemized Contributi	ons from Individuals							
Last Name			First					M.I.
Klee			Ann	ne				
Residential Street Address		City				State	Zip Code	ı
168 Alden Ave		New Ha	iven			CT	06515-2	2110
Principal Occupation				of Employer	Ot			
Psychologist			VAC	Connecticut Health	ncare System			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$50.00
If yes, list Event #	contract is with:	Exe	ecutive		tive			
Method of contribution: Cash Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Orde	er	Date Received 10/21/2013	Aggregate contributions \$50.00			
Last Name	on card	jone, orac	First	10/21/2013	φ30.00			M.I.
Klee			Rob	pert				141.1.
Residential Street Address		City	- 4			State	Zip Code	•
168 Alden Ave		New Ha				CT	06515-2	2110
Principal Occupation Manager, Attorney				of Employer Dept of Energy and	d Environmental Pr	otection		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	manuni simaliter dasa santuihutan	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes No	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	Yes V No			\$50.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	e Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De	bit Card Payroll Deduction	Money Orde	er	Date Received 10/21/2013	Aggregate contributions \$50.00			
Last Name	~		First					M.I.
Kloss			Jam	nes				
Residential Street Address		City				State	Zip Code	
22 Nash St, # 1		New Ha	iven			CT	06511-2	2616
Principal Occupation Private Investor			Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or prosi	pective state contractor	Yes No			\$370.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	e Legisla	tive			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/De		Money Orde	er	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) (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 I	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Koizim		Rut	h				
Residential Street Address	City				State	Zip Code	
560 Chapel St	New Ha	iven			CT	06511-6	6905
Principal Occupation			of Employer				
Teacher		Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ No municipality does contributor of municipality valued at more the second sec	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	_	✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$200.00	-)		
Last Name		First					M.I.
Komie		Mic	helle				
Residential Street Address	City New Ha	on			State CT	Zip Code 06511-3	2024
75 Bishop St	new па	4	CE 1		Ci	00511-3	931
Principal Occupation Editor		Yale	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ No municipality does contributor of municipality valued at more the second sec	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$150.00)		
Last Name		First					M.I.
Kontogiannis		Erin					
Residential Street Address	City				State	Zip Code	
15 Earl St	New Ha				СТ	06515-1	1628
Principal Occupation n/a			of Employer acy on Aging of S	outh Central CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ No municipality does contributor of municipality valued at more the second sec	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? ✓ Yes If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

NAME OF COMMITTEE TYPE OF REPORT	ì		
Justin Elicker for Mayor 7 days preceding	g 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			M.I.
Kopac Matthew			
Residential Street Address City	State	Zip Code	
1613 Peace St Durham	NC	27701-1	448
Principal Occupation Name of Employer		•	
Social & Environmental Responsibility Manager Burt's Bees			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? 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:			\$50.00
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received 10/26/2013 Aggregate contribution \$50.0	1		
Last Name First			M.I.
Kurtz William			
Residential Street Address City	State	Zip Code	•
419 Washington Ave West Haven	CT	06516-5	5039
Principal Occupation Name of Employer			
Information Requested Information Requested			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or			\$150.00
If yes, list Event #			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/06/2013 \$150.6			
Last Name First			M.I.
Lamb			
Residential Street Address City	State	Zip Code	
420 Fountain St, Apt B New Haven	СТ	06515-2	2629
Principal Occupation Name of Employer Information Requested None-etired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	Amour	nt of Conti	ribution
Is this contribution associated with a fundamental state contractor or prospective state contractor? Yes Yes			\$50.00
fundraising event listed in Section J1?			φ50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/07/2013 \$200.0			

\$250.00	SUBTOTAL Section B - This Page
\$33,441.00	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 e	ection		
A. Total Contributions from Small Contributor	rs - Received this Period C	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
B. Itemized Contributions from I	ndividuals		•			
Last Name		First				M.I.
Lamb		Gerald				
Residential Street Address	City	_L		State	Zip Code	
420 Fountain St, Apt B	New H	aven		CT	06515-2	629
Principal Occupation	<u> </u>	Name of Employer		•		
Information Requested		None-etired				
dependent child of a lobbyist? munici	ribution is in excess of \$400 to a capality does contributor or businessipality valued at more than \$5,000?	he/she is associated with have		Amoun	it of Contr	ibution
fundraising event listed in Section J1? If yes, in	utor a principal of a state contractor ndicate which branch or s of government the is with:	r or prospective state contractor	✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Money Or	Date Received 10/23/2013	Aggregate contributions \$200.00			
Last Name		First				M.I.
Lapides		James				
Residential Street Address	City	- The -		State	Zip Code	
114 Willard Rd	Brookli	ne		MA	02445-4	130
Principal Occupation Art Dealer		Name of Employer Intl Poster Gallery				
dependent child of a lobbyist? munici	ribution is in excess of \$400 to a ca ipality does contributor or business ipality valued at more than \$5,000?	he/she is associated with have		Amoun	it of Contr	ibution
fundraising event listed in Section J1? If yes, in	utor a principal of a state contractor ndicate which branch or s of government the	or prospective state contractor	✓ No			\$370.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money Or	Date Received	Aggregate contributions \$370.00			
Last Name	~ ~ ~	First				M.I.
Ledovsky		Greg				
Residential Street Address	City			State	Zip Code	
862 Orange St, Apt 2	New H	aven		СТ	06511-2	2510
Principal Occupation Inventory Manager		Name of Employer The Devil's Gear Bike	Shop			
dependent child of a lobbyist? munici	ribution is in excess of \$400 to a ca ipality does contributor or business ipality valued at more than \$5,000?	he/she is associated with have		Amoun	it of Contr	ibution
fundraising event listed in Section J1?	utor a principal of a state contractor ndicate which branch or s of government the is with:	r or prospective state contractor secutive Legisla	∐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card		Date Received	Aggregate contributions			

\$445.00	SUBTOTAL Section B - This Page
\$33,441.00	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					olootion		
	D 1 10	NIT X7		7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	Period O.	NLY					Φο οσ
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	t				M.I.
Lemert		Ch	arles				
Residential Street Address	City				State	Zip Code	
199 Lawrence St	New Ha				СТ	06511-2	2416
Principal Occupation Information Requested			of Employer mation Requested	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 102713a Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$125.00)		
Last Name		First					M.I.
Levy		Art	hur				
Residential Street Address	City		THE .		State	Zip Code	l
50 Alston Ave	New Ha	ven			CT	06515-2	2701
Principal Occupation Physician	4		of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amou	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros		✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 10/15/2013	Aggregate contributions \$100.00			
Last Name		First	t				M.I.
Limoncelli		Dia	ına				
Residential Street Address	City				State	Zip Code	·
154 Alden Ave	New Ha	ven			СТ	06515-2	2110
Principal Occupation Research Coordinator			of Employer Connecticut Health	ncare System			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amou	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros		∐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	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

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Justin Elicker for Mayor A. Total Contributions from Small Contributors - Received this Period ONLY		7 days preceding e	Joction		
A. Total Contributions from Small Contributors - Received this Period ONLY			CUOII		
	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	t				M.I.
Lin Cath	therine				
Residential Street Address City			State	Zip Code	
146 W Rock Ave New Haven			СТ	06515-2	223
	of Employer -employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate of municipality does contributor or business he/she is municipality valued at more than \$5,000?			Amoun	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the contract is with: Executive		✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Date Received 10/19/2013	Aggregate contributions \$100.00			
Last Name First					M.I.
Lindemann	е				
Residential Street Address City	. The same		State	Zip Code	
139 Townsend Ave New Haven			СТ	06512-4	027
	of Employer ertus Magnus				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate communicipality does contributor or business he/she is municipality valued at more than \$5,000?			Amoun	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the		☐ Yes			\$10.00
If yes, list Event # 1027 13a contract is with:	e Legisla	tive —			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order	Date Received 10/27/2013	Aggregate contributions \$10.00			
Last Name First	t				M.I.
Little	liam Scot				
Residential Street Address City			State	Zip Code	
90 Bishop St New Haven			СТ	06511-3	932
Principal Occupation Name of Software Engineer ESPN	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate communicipality does contributor or business he/she is municipality valued at more than \$5,000?			Amoun	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prosp If yes, indicate which branch or branches of government the	_	∐ Yes ✓ No			\$75.00
If yes, list Event # contract is with:	e Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order	Date Received 10/21/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE						TYPE OF REPORT			
Justin Elicker for Mayor 7 days preceding e					election				
A. Total Contributions from Sn	nall Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Sm	nall Contr	ibutor)			Subtotal Section	A			\$0.00
B. Itemized Cont	ribution	s from Individuals							
Last Name				First					M.I.
Lobo				Frai	ncis				
Residential Street Address			City				State	Zip Code	ı
103 S Water St			New Ha	iven			CT	06519-2	2823
Principal Occupation					of Employer				
Na				Na					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of smunicipality does contributor municipality valued at more than	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp		✓ No			\$350.00
If yes, list Event #		contract is with:	Exe	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Co	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$350.00	ļ		
Last Name				First					M.I.
Logan				Joh	n				R
Residential Street Address			City	- 4			State	Zip Code	
904 1/2 State St			New Ha	iven			СТ	06511-7	'317
Principal Occupation					of Employer	or Now Hoven			
Web Development			47	Office	ed Way of Greate	ei new naven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	res]		\$20.00
If yes, list Event # 101613a	No	branches of government the contract is with:	Exe	ecutive	υ		_		
Method of contribution: ✓ Cash Personal Check Co	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$95.00			
Last Name				First					M.I.
LoRicco				Tho	mas				
Residential Street Address			City				State	Zip Code	l .
45 Cleveland Rd			New Ha	iven			CT	06515-2	2708
Principal Occupation General Manager/President				Name IAC,	of Employer Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	∐Yes ✓ No	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Is contributor a principal of a state If yes, indicate which branch or		or prosi	pective state contracto	r? Yes ✓ No			\$300.00
If yes, list Event #	<u>~</u>]110	branches of government the contract is with:	Exe	ecutive	e Legisl	ative [v] NO			
Method of contribution: ☐ Cash	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/09/2013	Aggregate contributions \$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) (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 Con	ntributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Cont	ributor)		:	Subtotal Section A	A			\$0.00
B. Itemized Contribution	ns from Individuals							
Last Name			First					M.I.
Louvi			Ange	eliki				
Residential Street Address		City				State	Zip Code	
8 Hughes PI		New Ha				СТ	06511-4	4900
Principal Occupation				f Employer				
Professor			Yale I	Jniversity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or prosp	ective state contractor	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 10/16/2013	Aggregate contributions \$100.00	-)		
Last Name			First					M.I.
Lozon			Anne	9				
Residential Street Address		City	- 40			State	Zip Code	
203 Willard St		New Ha	iven	_		CT	06515-2	2031
Principal Occupation N/A			Name o	f Emplover				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 102013a	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or prosp	ective state contractor Legisl	☐ Yes ✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 10/20/2013	Aggregate contributions \$50.00	_)		
Last Name	00		First					M.I.
Lozon			Tyle	r				
Residential Street Address		City				State	Zip Code	
203 Willard St		New Ha				СТ	06515-2	2031
Principal Occupation Construction				f Employer Iwell Wingate Co	0			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a state If yes, indicate which branch or		or prosp	ective state contractor	Yes			\$50.00
If yes, list Event # 102013a	branches of government the contract is with:	Exe	ecutive	Legisl				
Method of contribution: ☐ Cash	Card Payroll Deduction	Money Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE			TYPE OF REPORT			
Justin Elicker for Mayor	7 days preceding e	election				
A. Total Contributions from Small Contributors - Received th	is Period O	NLY				
(See instructions for definition of Small Contributor)		Subtotal Section A	4			\$0.00
B. Itemized Contributions from Individuals						
Last Name		First				M.I.
Manning		Christel				
Residential Street Address	City	<u> </u>		State	Zip Code	
333 Front St	New Ha	ven		CT	06513-3	3200
Principal Occupation		Name of Employer				
professor		Sacred Heart Univers	sity			
	tor or business h	didate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Is contributor a principal of a If yes, indicate which branches of government the	h or	_	✓ No			\$250.00
If yes, list Event # contract is with:	Exe	ecutive Legisl	ative			
Method of contribution:	Money Orde	Date Received 10/06/2013	Aggregate contributions \$250.00			
Last Name		First				M.I.
Manzo		Catherine				
Residential Street Address	City	A 400		State	Zip Code	
2399 Bryant St	San Fra			CA	94110-2	2810
Principal Occupation Sales		Name of Employer StreetLight Data				
	tor or business h	adidate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a	h or	or prospective state contracto	i res			\$25.00
If yes, list Event #	Exe	ecutiveLegisl				
Method of contribution:	Money Orde	Date Received 10/04/2013	Aggregate contributions \$25.00			
Last Name		First				M.I.
Marottoli		Vincent				
Residential Street Address	City			State	Zip Code	
1211 Quinnipiac Ave	New Ha			СТ	06513-2	2312
Principal Occupation teacher		Name of Employer retired				
	tor or business h	ndidate committee for a chief ne/she is associated with have Yes		Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Yes Is contributor a principal of a If yes, indicate which branch branches of government the contract is with.	h or	or prospective state contractor. ecutive Legisl	∐ Yes ✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate contributions \$50.00	-		
				•		

SUBTOTAL Section B - This Page \$325.0	
TOTAL of Section B Pages \$33,441.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441.0	

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	\			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Martinez		Rob	ert				
Residential Street Address	City				State	Zip Code	
21 Hobart St	New Ha	aven			СТ	06511-4	1030
Principal Occupation		Name o	of Employer		,		
Writer		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to this contribution associated with a fundraising event listed in Section J1? Yes If contribution as in excess of municipality does contributor municipality valued at more to the fundraising event listed in Section J1? Yes If yes indicate which branch or the fundraising event listed in Section J1?	or business han \$5,000?	he/she is	associated with have Yes	a contract with said No	Amoun	nt of Conti	ibution
If yes, list Event # Is Section 31? If yes, indicate which branch of branches of government the contract is with:		ecutive	Legisla	No No			φ100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/11/2013	Aggregate contributions \$300.00	-)		
Last Name		First					M.I.
May		Albe	ert				
Residential Street Address	City				State	Zip Code	100
56 Rogers Ave, Apt Q	Milford				СТ	06460-6	3468
Principal Occupation fundraiser			of Employer tian Community	Action			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amoun	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch obtainches of government the contract is with:	or	or prosp		✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/18/2013	Aggregate contributions \$25.00)		
Last Name		First			1		M.I.
May		Sea	shore				
Residential Street Address	City				State	Zip Code	
128 Nicoll St	New Ha				СТ	06511-2	2622
Principal Occupation Teaching Associate, custodian (respectively)			of Employer H&R Block				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch obtainches of government the contract is with:	or	or prosp		∐ Yes ✓ No			\$185.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	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) \$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 6	election		
A. Total Contributions from Sma	all Contributors -	Received this	Period Ol	NLY					
(See instructions for definition of Small	ll Contributor)				Subtotal Section A	1			\$0.00
B. Itemized Contri	butions from Ind	ividuals							
Last Name				First					M.I.
McAleer				Edv	vard				
Residential Street Address			City				State	Zip Code	ı
PO Box 793			Kenneb	unkp	ort		ME	04046-0	793
Principal Occupation retired				Name retire	of Employer ed				
	37 70 11		: d 100 :				1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipali		or business h		committee for a chief of a sassociated with have Yes		Amour	nt of Conti	ibution
Tundraising event listed in Section J1?	If yes, indic	ate which branch o	or	or pros	pective state contractor Legisla	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cred		yroll Deduction	Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$200.00))		
Last Name				First					M.I.
McClellan				Sar	ah				
Residential Street Address			City		The same		State	Zip Code	ı
1220 Chapel St, Apt 11			New Ha	ven	_		СТ	06511-4	754
Principal Occupation Administrative Assistant					of Employer School of Manag	gement			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Municipali		or business h		committee for a chief of a sassociated with have Yes		Amour	nt of Conti	ibution
Tundraising event fisted in Section 31?	If yes, indic	ate which branch of government the	or	or pros	pective state contractor Legisla	✓ No			\$25.00
Method of contribution: Cash ✓ Personal Check Cred	dit/Debit Card Pa	yroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$25.00)		
Last Name		0		First			_		M.I.
McKenzie				Kat	herine				
Residential Street Address			City				State	Zip Code	
286 Livingston St			New Ha	ven			CT	06511-1	310
Principal Occupation Teacher					of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipali		or business h		committee for a chief of a sassociated with have Yes		Amour	nt of Conti	ibution
Tundraising event fisted in Section 31?	If yes, indic	ate which branch o	or	or pros	pective state contractor Legisla	∐ Yes ✓ No			\$370.00
Method of contribution: Cash ✓ Personal Check Cred		yroll Deduction	Money Orde	er	Date Received 10/15/2013	Aggregate contributions \$370.00			

\$495.00	SUBTOTAL Section B - This Page
\$33,441.00	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			
					7 days preceding election		
Justin Elicker for Mayor	D 1 10	NIT 37		7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	s Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Melone		Jar	is				
Residential Street Address	City				State	Zip Code	
1041 State St	New Ha				CT	06511-2	2719
Principal Occupation Information Requested		Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$50.00			
Last Name		First		·	ļ		M.I.
Miller		Hel	en				
Residential Street Address	City		100		State	Zip Code	
35 Florence Ave	New Ha				СТ	06512-3	3944
Principal Occupation MD			of Employer e of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific product of the spe	r or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros		☐ Yes ✓ No			\$370.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$370.00			
Last Name		First			_		M.I.
Monahan		Bai	bara				
Residential Street Address	City				State	Zip Code	
27 Lincoln St	New Ha	iven			СТ	06511-3	3805
Principal Occupation Fundraiser			of Employer nds Committee o	n National Legislatio	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific or the spe	r or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # Is contributor a principal of a star If yes, indicate which branch to branches of government the	or	or pros		✓ Yes			\$100.00
Method of contribution:	Money Ordo		Date Received 10/16/2013	Aggregate contributions \$100.00)		

SUBTOTAL Section B - This Page \$520.0	
TOTAL of Section B Pages \$33,441.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441.0	

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rage	04	OI	123

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor			7 days preceding e	election			
A. Total Contributions from Small Contributors - Received th	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Moore		Julia	ı				
Residential Street Address	City				State	Zip Code	
266 Everit St	New Ha	aven			СТ	06511-1	309
Principal Occupation			of Employer				
n/a		Retire	eu				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch branches of government the	n or			✓ No			\$200.00
If yes, list Event # 10041000 contract is with:	Exe	ecutive			-		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/05/2013	Aggregate contributions \$370.00			
Last Name		First	10/00/2010	ψο, σ.σσ			M.I.
Moore		Julia					
Residential Street Address	City		The same of the sa		State	Zip Code	
266 Everit St	New Ha				СТ	06511-1	309
Principal Occupation n/a		Name o	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more municipality valued at more	tor or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a section J1? If yes, indicate which branch		or prosp	ective state contractor	res			\$170.00
If yes, list Event # 101613a	Exc	ecutive	Legisla	.tive No			
Method of contribution: ☐ Cash ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$370.00			
Last Name		First			-		M.I.
Moore		Willi	am F.				
Residential Street Address	City	•			State	Zip Code	
266 Everit St	New Ha				СТ	06511-1	309
Principal Occupation Architect (retired)			of Employer retired)				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	tor or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a section J1?		or prosp	ective state contractor	? Yes			\$195.00
If yes, list Event # 101613a If yes, list Event # 101613a If yes, indicate which branch branches of government the contract is with:		ecutive	Legisla	.tive			ψ190.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/16/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

Justin Elicker for Mayor	NAME OF COMMITTEE				TYPE OF REPORT			
A. Total Contributions from Small Contributions Subtrol Section Subtrol Sectio					election			
Secondary Seco		D:- 1 OI	ATT 37		r days preceding e	SIECTION		
Last Name First John State Zin Code Contributions from Individuals First John John State Zin Code To 06511-3711		Period Oi	NLI	01, 10				# 0.00
Last Name Size Mile Morgan Mile Morgan Mile Morgan Mile Morgan Mile Morgan Mile Morgan Mile				Subtotal Section A	<u> </u>			\$0.00
Residential Street Address City Name of Employer City Name of								1
Residential Street Address 4.06 Humphrey St New Haven	Last Name		First					M.I.
A06 Humphrey St	Morgan		Joh	n				
Name of Employer Information Requested Informati	Residential Street Address					1		
Information Requested	1 7					CI	06511-3	3711
Scontribution a lobbyist, spouse, or dependent child of a lobbyist? Yes No municipality does contributor or business heaches is associated with have a contract with aid municipality does contributor or business heaches is associated with have a contract with aid municipality does contributor or business heaches is associated with have a contract with aid municipality does contributor or business heaches is associated with have a contract with aid municipality does contributor or business heaches is associated with have a contract with aid municipality does contribution. Yes Stoothout a principal of a state contractor or prospective state contractor? Yes					d			
Amount of Contribution Amount of Executive Amount of Contribution	information Requested		mon	nation Requeste	a			
First State Stat	dependent child of a lobbyist? municipality does contributor	r or business h		s associated with have	a contract with said	Amour	nt of Conti	ribution
## State Sta	1 1 1 1 1	te contractor o	or prosp	pective state contractor	? Yes	1		Φ4 FΩ ΩΩ
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/04/2013 Aggregate contributions State Aggregate State Aggregate State Aggregate Aggre	tundraising event listed in Section J1? If yes, indicate which branch of	or						\$150.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/04/2013 \$150.00	If yes list Event #	Exe	ecutive	Legisla Legisla	ative			
Morgan State Address A06 Humphrey St New Haven State CT O6511-3711		Money Orde	er					
Residential Street Address 406 Humphrey St City New Haven State Zip Code O6511-3711	Last Name		First			1		M.I.
A06 Humphrey St New Haven CT 06511-3711 Principal Occupation Professor Summification associated with a fundraising event listed in Section J17 Yes, indicate which of contract is with: Method of Contribution Money Order Date Received New Haven Residential Street Address A06 Humphrey St Name of Employer Quiniplication Summification Name of Employer Quiniplication Name of Employer Quiniplication Name of Employer Quiniplication Name of Employer Name of Employer Presonal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/25/2013 S200.00	Morgan	_	Joh	n				
Principal Occupation Professor Name of Employer Quinnipiac University	Residential Street Address					1	1 -	744
Professor Quinripiac University Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes	' '					CI	06511-3	3711
Static contribution associated with a fundraising event listed in Section J1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a fundraising event listed in Section J1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a fundraising event listed in Section J1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a fundraising event listed in Section J1? Yes If contribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution associated with a fundraising event listed in Section J1? Yes If sometribution If section If the fundraising event listed in Section J1? Yes If sometribution If section If the fundraising event listed in Section J1? Yes If sometribution If section If the fundraising event listed in Section J1? Yes If sometribution If section If the fundraising event listed in Section J1? Yes If sometribution If section If section J1? Yes								
fundraising event listed in Section J1?	dependent child of a lobbyist? municipality does contributor	r or business h		s associated with have	a contract with said	Amour	it of Conti	ribution
If contribution is in excess of \$400 to a candidate committee for a chief executive of a contract with said municipality valued at more than \$5,000? If yes, list Event #		ite contractor o	or prosp	pective state contractor	? \(\text{Yes}\)	1		# 000 00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Morgan Residential Street Address 406 Humphrey St Principal Occupation Information Requested Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundaising event listed in Section J1? Myes, list Event # Method of contribution: Date Received 10/25/2013 Aggregate contributions \$200.00 MI. MI. MI. MI. MI. MI. MI.	Indicate which branch of the section	or			_			\$200.00
Cash	If yet list Event #	Exe	ecutive	Legisla Legisla	ative			
Residential Street Address City New Haven State CT O6511-3711		Money Orde	er					
Residential Street Address 406 Humphrey St New Haven Name of Employer Information Requested Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: City New Haven	Last Name		First					M.I.
A06 Humphrey St Principal Occupation Information Requested Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Name of Employer Information Requested Information Requested Name of Employer Information Requested Name of Employer Information Requested Name of Employer Information Requested Information Requested Information Requested Name of Employer Information Requested	Morgan		Lyn	ne				
Principal Occupation Information Requested Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Name of Employer Information Requested Information Requested Name of Employer Information Requested Amount of Contribution Amount of Contribution Figure 1 Figure 2 Figure 3 Figure 3 Figure 4 Figure 4 Figure 4 Figure 4 Figure 4 Figure 4 Figure 5 Figure 5 Figure 6 Figure 6 Figure 7						1		744
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? Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the contract is with: Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions Aggregate contributio						CI	06511-3	3711
dependent child of a lobbyist? Mo					d			
fundraising event listed in Section J1?	dependent child of a lobbyist? municipality does contributor	r or business h		s associated with have	a contract with said	Amour	it of Conti	ribution
If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Executive Legislative		ite contractor o	or prosp	pective state contractor	? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		0450.00
Method of contribution: Method of contribution: Date Received Aggregate contributions	If yes, indicate which branch of	or			_			\$150.00
Method of contribution: Date Received Aggregate contributions	If vec list event #	Exe	ecutive	Legisla	ative			
	Method of contribution:	Money Orde	er	Date Received 10/04/2013	Aggregate contributions \$150.00			

\$500.00	SUBTOTAL Section B - This Page
\$33,441.00	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)

NAME OF COMMITTEE					TYPE OF DEPORT			
					TYPE OF REPORT	1		
Justin Elicker for Mayor					7 days preceding 6	election		
A. Total Contributions from Small Contrib		Period Ol	NLY					
(See instructions for definition of Small Contribution)	tor)			Subtotal Section A	Λ			\$0.00
B. Itemized Contributions fr	om Individuals							
Last Name			First					M.I.
Morley			Joh	n				
Residential Street Address		City				State	Zip Code	•
77 Loomis PI		New Ha	ven			СТ	06511-2	2222
Principal Occupation				of Employer				
Professor			Yale	University				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more th	or business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1? If we list Event #	contributor a principal of a state fyes, indicate which branch or ranches of government the ontract is with:		or pros		✓ No			\$200.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card		Money Orde	er	Date Received 10/22/2013	Aggregate contributions \$200.00			
Last Name			First					M.I.
Morrison			Geo	orge				
Residential Street Address		City				State	Zip Code	ı
98 Clinton Ave		New Ha	ven			CT 06513-3101		3101
Principal Occupation Family Support			Name Retir	of Employer red				
dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{2}\$ municipality does contributor of municipality valued at more th	or business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1? V Yes If was list Event # 102513a No bi	contributor a principal of a state fyes, indicate which branch or ranches of government the ontract is with:		or pros		✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	d Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$50.00			
Last Name	00		First					M.I.
MURFIN			JUS	STIN				
Residential Street Address		City				State	Zip Code	
53 Livingston St		New Ha	ven			СТ	06511-2	2430
Principal Occupation Professor			Name Yale	of Employer				
dependent child of a lobbyist?	If contribution is in excess of \$\frac{9}{municipality does contributor of municipality valued at more th	or business h				Amoun	t of Conti	ibution
fundraising event listed in Section J1?	contributor a principal of a state fyes, indicate which branch or		or pros	pective state contractor	Yes Vo			\$100.00
It ves list Event #	ranches of government the ontract is with:	Exe	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card		Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$100.00			
1								

SUBTOTAL Section B - This Page	\$350.00
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

Page	67	of	125

NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Contribu	utors - Received this Pe	eriod ON	NLY					
(See instructions for definition of Small Contributo	or)		5	Subtotal Section A	Λ			\$0.00
B. Itemized Contributions fro	m Individuals							
Last Name			First					M.I.
Murphy			Rosi	ta				
Residential Street Address		City				State	Zip Code	
31 Highland St	1	New Hav				СТ	06511-1	329
Principal Occupation Homemaker			Name or self	f Employer				
dependent child of a lobbyist?	contribution is in excess of \$40 nunicipality does contributor or l nunicipality valued at more than	business h				Amoun	t of Conti	ribution
fundraising event listed in Section J1?	ntributor a principal of a state co es, indicate which branch or nches of government the	ontractor o	or prospe	ective state contractor	Yes No			\$370.00
If yes, list Event # 100413a con	tract is with:	Exe	cutive	Legisl	ative			
Method of contribution: Cash	Payroll Deduction M	oney Orde		Date Received 10/05/2013	Aggregate contributions \$370.00			
Last Name			First					M.I.
Musto			Emm	na Jean				
Residential Street Address		City	- 4			State	Zip Code	
120 Ogden St	N	New Hav	ven			СТ	06511-1	324
Principal Occupation Retired			Name o	f Employer				
dependent child of a lobbyist?	contribution is in excess of \$40 nunicipality does contributor or bunicipality valued at more than	business h				Amoun	t of Conti	ribution
fundraising event listed in Section J1?	ntributor a principal of a state co es, indicate which branch or nches of government the		<i>y</i>		✓ No			\$50.00
If yes, list Event # con	tract is with:	Exe	cutive	Legisl		ļ		
Method of contribution:	Payroll Deduction M	oney Orde		Date Received 10/15/2013	Aggregate contributions \$180.00			
Last Name	V 0		First					M.I.
Neuman			Justi	n				
Residential Street Address	C	City				State	Zip Code	
240 Lawrence St	N	New Hav	ven			CT	06511-2	2419
Principal Occupation Asst Prof			Name o Yale	f Employer				
dependent child of a lobbyist?	contribution is in excess of \$40 nunicipality does contributor or bunicipality valued at more than	business h				Amoun	t of Conti	ribution
fundraising event listed in Section J1?	g event listed in Section J1?				\$370.00			
Method of contribution:	tract is with:	Ехе		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction Me	oney Order		10/27/2013	\$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

NAME OF COMMITTEE				TYPE OF REPORT			
				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Daried Ol	NI V		r days proceding o	DICCHOIT		
(See instructions for definition of Small Contributor)	I ci iou Oi	NL I	Subtotal Section A				\$0.00
			Subtotal Section A	7			φυ.υυ
B. Itemized Contributions from Individuals		Г: .					1 247
Last Name		First					M.I.
Nicotra	_	Too	dd				
Residential Street Address	City	_			State	Zip Code	1.400
238 Ridgewood Ave	Hamder		CF 1		СТ	06517-1	1426
Principal Occupation Real Estate		AVB	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Ves If yes, list Event # 101613b Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with	r	or pros	_	✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/16/2013	Aggregate contributions \$100.00	-		
Last Name		First					M.I.
Nista		Caı	rol				
Residential Street Address	City				State	Zip Code	
21 Pawtucket St	New Ha				СТ	06513-1	1135
Principal Occupation Housewife		Name Retir	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a Yes Is contributor a principal of a state	te contractor o	or pros	pective state contracto	r? Yes	1		ቀንድ ሰር
fundraising event listed in Section J1?		ecutiv	e Legisl	ative No			\$25.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/07/2013	Aggregate contributions \$25.00	-		
Last Name		First			ı		M.I.
Nyland Melocco		Hei	di				
Residential Street Address	City				State	Zip Code	
14766 County Road 7	Mead				СО	80542-9	9687
Principal Occupation photographer		Name self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state of the section II? If yes, indicate which branch of the section II.		or pros	pective state contracto	res			\$50.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv					
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	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) (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 e	election		
A. Total Contributions from Sn	nall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Sm	nall Conti	ributor)			Subtotal Section A	1			\$0.00
B. Itemized Contr	ribution	s from Individuals							
Last Name				First					M.I.
O'Connor				Phi	lip				
Residential Street Address			City				State	Zip Code	
105 Diamond St			New Ha	ven			СТ	06515-1	317
Principal Occupation UPS Driver				Name UPS	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 102013a	✓ Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros	_	✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Cr	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$50.00			
Last Name				First					M.I.
O'Neill				Noi	ra				
Residential Street Address			City		100		State	Zip Code	
6006 Overlea Rd			Betheso				MD	20816-2	2454
Principal Occupation n/a					of Employer copal Center for (Children			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Yes ✓No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros		✓ No			\$100.00
Method of contribution: ☐ Cash Personal Check ☐ Cr	redit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$100.00	1		
Last Name				First					M.I.
Odiaga		(1)		Lol	a				
Residential Street Address			City				State CT	Zip Code	2620
360 State St, Apt 2822			New Ha		of Employer		CI	06510-3	0029
Principal Occupation none				none	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Yes No	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros		∐ Yes ✓ No			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Ci	redit/Debit		Money Orde		Date Received 10/25/2013	Aggregate contributions \$25.00	1		

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

NAME OF COMMITTEE Justin Elischer Mayor A. Total Contributions from Small Contributors - Received this Period ONLy See instructions for definition of Small Contributors B. Itemized Contributions from Individuals Last Name Oliver Residential Surcet Address 670 Quinniplac Ave Phrincipal Oxenage or West Individuals Is combinator a lobbytic space, or West Individuals Is space of the Individuals Is combinator a lobbytic space, or West Individuals Is combinator a lobbytic space, or West Individuals Is combinator a lobbytic space, or West Individuals Individuals which based or West Individuals Is combinator a lobbytic space, or West Individuals Individuals which based or West Individuals Is combinator a lobbytic space, or West Individuals Individuals Is combinator a lobbytic space, or West Individuals Individuals which based or West Individuals Individuals which based or West Individuals Individuals which based or West Individuals which based or West Individuals Is combinator a lobbytic space, or West Individuals Individuals which based or West Individuals Individuals which based or West Individuals Individual	NAME OF COMMITTEE				TYPE OF DEPORT			
A. Total Contributions from Small Contributory						1 4		
Sec instructions for definition of Small Contributors Subtotal Section			_		/ days preceding e	election		
Last Name		is Period O	NLY					
East Name Size Size Address City New Haven City New Haven City Officer City New Haven New Haven City New Haven Cit	(See instructions for definition of Small Contributor)			Subtotal Section A	Λ			\$0.00
Series S	B. Itemized Contributions from Individuals							
Residential Street Address 670 Quinniplace Ave Now Haven	Last Name		First					M.I.
Principal Occupation Resident all of a lobbysis, spouse, or dependent child of a lobbysis and or specified or	Oliver		Bar	bara				
Reficed Name of Employer Refired Refir	Residential Street Address						1	005
Retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business health is associated with have a contract with said municipality valued at more than \$5,000? Yes No	<u>'</u>	New Ha				CI	06513-4	065
dependent child of a lobbyis?								
First State Stat	dependent child of a lobbyist? municipality does contribute	or or business h		s associated with have	a contract with said	Amoun	nt of Contr	ibution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$100.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$100.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$100.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$100.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	fundraising event listed in Section J1? Yes If yes, indicate which branch	or		_	✓ No			\$75.00
Last Name Oliver Residential Street Address 670 Quinnipiac Ave Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 102013a Method of contribution Last Name Method of contribution Method of contribution Method of contribution Method of contribution Last Name Method of contribution Money Order Residential Street Address 30 Alden Ave New Haven Name of Employer Robert First Robert M.I. Amount of Contribution Amount of Contribution Money Order Name of Employer Robert M.I. C Residential Street Address 30 Alden Ave New Haven If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality added at more than \$5,000? Yes We have a contractor of prospective state contractor? Yes MI. Contribution Money Order No Method of contributions State City No Method of Contribution Name of Employer Robert W. Baird Amount of Contribution Amount of Contribution State C C 06515-2715 Principal Occupation Investment Analyst Is contributor a in excess of \$400 to a candidate committee for a chief executive officer of a municipality added at more than \$5,000? No Method of Companion No Method of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? No Method of Coupation No	Method of contribution:			Date Received	Aggregate contributions	_		
Residential Street Address 670 Quinnipiac Ave Refidential Street Address 670 Quinnipiac Ave Refired If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes					Ψ100.00			мі
Residential Street Address 670 Quinnipiac Ave Principal Occupation Retired State 670 Quinnipiac Ave New Haven								141.1.
New Haven New Haven State Cate State State Cate State State Cate Cate State State Cate State State Cate State State Cate State State State Cate State		C't	Dai	Dara		Charles	7:- C- 4-	
Principal Occupation Retired Retired Retired			ven				1	065
Amount of Contribution associated with associated with said municipality valued at more than \$5,000? Yes	Principal Occupation	4				1	•	
fundraising event listed in Section J1?	dependent child of a lobbyist? municipality does contribute	or or business h		s associated with have	a contract with said	Amoun	nt of Contr	ibution
Cash	fundraising event listed in Section J1? If yes, indicate which branch branches of government the	or	150	_	✓ No			\$25.00
Oliver Residential Street Address 30 Alden Ave City New Haven Name of Employer Robert W. Baird Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Wes list Event # 102013a City New Haven Name of Employer Robert W. Baird Amount of Contribution Translation or prospective state contractor? Wes list Event # 102013a City New Haven Name of Employer Robert W. Baird Amount of Contribution Fragerities State Cip Code CT 06515-2715 Amount of Contribution State State Cip Code CT 06515-2715 Amount of Contribution State Cip Code CT 06515-2715		Money Orde	er					
Residential Street Address 30 Alden Ave New Haven CT 06515-2715 Name of Employer Investment Analyst Robert W. Baird Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Is the contributor a principal of a state contractor or prospective state contractor? If yes ist Event # 102013a City New Haven Name of Employer Robert W. Baird Amount of Contribution State Zip Code CT 06515-2715 Amount of Contribution State City New Haven Name of Employer Robert W. Baird Amount of Contribution State Zip Code CT 06515-2715	Last Name)	First		· ·			M.I.
30 Alden Ave New Haven CT 06515-2715 Principal Occupation Investment Analyst Robert W. Baird Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Yes If server # 102013a Is contributor a principal of a state contractor or prospective state contractor? Yes If server # 102013a Is contributor a principal of a state contractor or prospective state contractor? Yes If server # 102013a Is contributor a principal of a state contractor or prospective state contractor? Yes If server # 102013a Is contributor a principal of a state contractor or prospective state contractor? Yes If server # 102013a	Oliver		Rol	pert				С
Principal Occupation Investment Analyst Robert W. Baird Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Wes list Event # 102013a Name of Employer Robert W. Baird Robert W. Baird Amount of Contribution of a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Ves list Event # 102013a Amount of Contribution Free list Event # 102013a			ven				1	2715
Investment Analyst Robert W. Baird 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? Is this contribution associated with a fundraising event listed in Section J1? If yes, indicate which branch or branches of government the local state contractive. If yes, indicate which branch or branches of government the local state contractive. It yes list Event # 102013a Amount of Contribution Section J1? Yes If yes, indicate which branch or branches of government the local state contractor? It possible to be a chief executive officer of a municipality does contribution associated with have a contract with said municipality valued at more than \$5,000? Yes Yes Your last in the contribution of the local state contractor? Yes If yes, indicate which branch or branches of government the local state contractor.			Name	of Employer				
dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? No No No No No No No N								
fundraising event listed in Section J1? Ves If yes, indicate which branch or branches of government the Ves If yes, indicate which branch or branches of government the Ves	dependent child of a lobbyist? municipality does contribute	or or business h		s associated with have	a contract with said	Amoun	nt of Contr	ibution
If yes, list Event # 102013a No branches of government the Dracetive V No		tate contractor	or pros	pective state contractor	? Yes	1		¢ 1በባ በር
contract is with.	If yes, indicate which branch branches of government the		ecutiv	e Legisla	✓ No			φ100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 10/20/2013 \$175.00	Method of contribution:			Date Received	Aggregate contributions	-		

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

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contribu	tors - Received this Perio	od ONL	LY.				
(See instructions for definition of Small Contributor			Subtotal Section A	Δ			\$0.00
B. Itemized Contributions from	<u></u>						,,,,,
Last Name		F	irst				M.I.
Oneppo		l N	/lartha				
Residential Street Address	City	,			State	Zip Code	
801 Orange St	Nev	w Have	n		CT	06511-2	2507
Principal Occupation			me of Employer				
singer/music teacher		Ne	eighborhood Music	School, New Haven	, CT		
dependent child of a lobbyist?	ontribution is in excess of \$400 to nicipality does contributor or busi nicipality valued at more than \$5,	iness he/sl			Amoun	t of Contr	ibution
fundraising event listed in Section J1? If es If yes	ributor a principal of a state contr s, indicate which branch or ches of government the	_	_	✓ No			\$100.00
	ract is with:	Execute ey Order	Date Received 10/24/2013	Aggregate contributions \$100.00			
Last Name			irst	ψ100.00			M.I.
Oppenheimer			Cyd				1,1,1,1
Residential Street Address	City		7-		State	Zip Code	
155 W Rock Ave	Nev	w Have	n		СТ	06515-2	222
Principal Occupation	'		me of Employer				
Senior Policy Fellow		CI	T Voices for Childre	n			
dependent child of a lobbyist?	contribution is in excess of \$400 to nicipality does contributor or busi nicipality valued at more than \$5,	iness he/sl			Amoun	t of Contr	ibution
fundraising event listed in Section J1?	ributor a principal of a state contr s, indicate which branch or	ractor or p	prospective state contractor	Yes			\$370.00
	ches of government the cact is with:	Execu	tive Legisl	✓ No ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction Mone	ey Order	Date Received 10/14/2013	Aggregate contributions \$370.00			
Last Name	00	F	irst				M.I.
Opperman	6.	H	Hillary				
Residential Street Address	City				State	Zip Code	
790 Orange St, Apt 2	Nev	w Have			СТ	06511-2	2535
Principal Occupation Substitute Teacher			me of Employer elly Services				
dependent child of a lobbyist?	contribution is in excess of \$400 to nicipality does contributor or busi nicipality valued at more than \$5,	iness he/sl			Amoun	t of Contr	ibution
fradecising event listed in Castian II2 V Yes	ributor a principal of a state contr	ractor or p	prospective state contractor	r? Yes			\$10.00
If yes list Event # 101613a No branc	s, indicate which branch or ches of government the ract is with:	Execu	tive Legisl	ative No			ψ10.00
Method of contribution:	act is with.		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction Mone	ey Order	10/16/2013	\$10.00			

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

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Ottenbreit		Mar	garet				
Residential Street Address	City				State	Zip Code	•
84 Fort Hale Rd	New Ha				СТ	06512-3	8603
Principal Occupation n/a		Name on/a	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Ves Is contributor a principal of a star if yes, indicate which branch of branches of government the	or		_	✓ No			\$50.00
If yes, list Event # contract is with: Method of contribution:	Exe	ecutive	Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	10/10/2013	\$50.00			
Last Name		First					M.I.
Paglia		Dan	nian				
Residential Street Address	City	- 4			State	Zip Code	
440 Yale Ave	New Ha				СТ	06515-2	2234
Principal Occupation Health Coach		Name of Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific product of the specific product product of the specific product product of the specific product	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 102013a Is contributor a principal of a star If yes, indicate which branches of government the contract is with:	or	or prosp		☐ Yes ✓ No			\$10.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$10.00			
Last Name		First			l		M.I.
Patchkofsky		Erik					
Residential Street Address	City				State	Zip Code	
182 Lawncrest Rd	New Ha	ven			СТ	06515-1	500
Principal Occupation teacher			of Employer Haven Bd of edu	cation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a star fundraising event listed in Section J1? Yes If yes, indicate which branch of branches of government the		or prosp	pective state contractor?	Yes ✓ No			\$100.00
If yes, list Event # V No branches of government the contract is with:	Exe	ecutive	Legisla	tive			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	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) (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 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	:				M.I.
Patterson		Del	ilah				
Residential Street Address	City				State	Zip Code	
449 Central Ave	New Ha	ven			CT	06515-2	2258
Principal Occupation		Name	of Employer			1	
Medical Editor		Breit	ner Transcription	Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific or the spe	r or business l				Amoun	nt of Conti	ribution
Is this contribution associated with a Yes Is contributor a principal of a sta		or pros	pective state contractor	? Yes			\$100.00
fundraising event listed in Section J1? If yes, indicate which branch of branches of government the	or			✓ No			\$100.00
If yes, list Event # contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/09/2013	Aggregate contributions \$100.00)		
Last Name		First					M.I.
Paulishen		Joh	n				
Residential Street Address	City New Ha				State	Zip Code	222
181 W Rock Ave	New na		CF 1			06515-2	2222
Principal Occupation Teacher			of Employer Haven Board of	Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business l				Amoun	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section 112 Yes Is contributor a principal of a sta	nte contractor	or pros	pective state contractor	·? Yes	1		ድጋር ዕር
If yes, indicate which branch of	or			✓ No			\$25.00
If yes, list Event # 102013a	Exc	ecutiv	e Legisl	ative			
Method of contribution: Cash	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$25.00			
Last Name		First					M.I.
Perley		Lau	ıren				
Residential Street Address	City				State	Zip Code	
26 Crouch Rd	Branford	d			СТ	06405-5	5313
Principal Occupation	•		of Employer		•	•	
Research		Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific or the spe	r or business l				Amoun	it of Conti	ribution
Is this contribution associated with a fundamental state of the second state of the se	nte contractor	or pros	pective state contractor	·? Yes			\$25.00
If yes, indicate which branch of branches of government the	_			✓ No			φ∠5.00
If yes, list Event # contract is with:	∐Exe	ecutiv		ative			
Method of contribution:	Money Orde	er	Date Received 10/06/2013	Aggregate contributions \$25.00	,		

\$150.00	SUBTOTAL Section B - This Page
\$33,441.00	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)

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor	D 1 101			7 days preceding e	ection		
A. Total Contributions from Small Contributors - Received this	Period Of	NLY					40.00
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Perna		Jan	nes				
Residential Street Address	City				State	Zip Code	0045
25 Eld St Principal Occupation	New Ha		-f.E1		СТ	06511-3	8815
Civil Enginer			of Employer mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	·ibution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros	_	✓ No			\$50.00
Method of contribution:	Money Orde	r	Date Received 10/16/2013	Aggregate contributions \$50.00	-)		
Last Name		First					M.I.
Phillipino		Pau	ıl l				
Residential Street Address	City		The same of		State	Zip Code	ı
PO Box 206491	New Ha	ven			СТ	06520-6	6491
Principal Occupation Information Requested			of Employer mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? 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: Executive Legislative					\$25.0		\$25.00
Method of contribution:	Money Orde	er	Date Received 10/15/2013	Aggregate contributions \$25.00	1		
Last Name		First		<u> </u>			M.I.
Pinto		Mik	e				
Residential Street Address	City				State	Zip Code	
449 Central Ave	New Ha				СТ	06515-2	2258
Principal Occupation attorney			of Employer ey Oliver Gould &	& Crotta			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	nt of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes		or pros	pective state contractor	? Yes			\$50.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisla	✓ No			ψ50.00
Method of contribution:	Money Orde	r	Date Received 10/20/2013	Aggregate contributions \$50.00)		

SUBTOTAL Section B - This Page \$125.0	
TOTAL of Section B Pages \$33,441.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441.	

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	1			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	t				M.I.
Piraino-Holevoet		Ela	ine				
Residential Street Address	City				State	Zip Code	
415 Orange St	New Ha	ven			CT	06511-6	6406
Principal Occupation		Name	of Employer				
Graphic Designer		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Ves If yes, list Event # 101613a No If yes, list Event # 101613a	r	or pros	_	✓ No			\$15.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/16/2013	Aggregate contributions \$115.00			
Last Name		First					M.I.
Pittman		Tra	nvis				
Residential Street Address	City		1		State	Zip Code	
1777 Ella T Grasso Blvd	New Ha				СТ	06511-1	1600
Principal Occupation CEO			of Employer ad Palace				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch o		or pros	spective state contractor	res			\$30.00
If yes, list Event # No branches of government the contract is with:	/\	ecutiv	e Legisl	✓ No ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$30.00			
Last Name		First	t				M.I.
Polan		Dia	ine				
Residential Street Address	City		···-		State	Zip Code	
122 Linden St	New Ha	ven			СТ	06511-2	2425
Principal Occupation Attorney		Name Self	of Employer			•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	spective state contractor	Yes Vo			\$50.00
If yes, list Event # contract is with:	Exe	ecutiv		ative	-		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$50.00)		

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

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age	70	OI	143

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	lection		
A. Total Contributions from Small Contribut	tors - Received this Period C	ONLY					
(See instructions for definition of Small Contributor))		Subtotal Section A				\$0.00
B. Itemized Contributions from	ı Individuals						
Last Name		First					M.I.
Priest		Clair	re				
Residential Street Address	City				State	Zip Code	
85 Loomis PI	New H	aven			СТ	06511-2	222
Principal Occupation			of Employer				
Professor		Yale					
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to a conicipality does contributor or business nicipality valued at more than \$5,000?	he/she is			Amoun	t of Conti	ibution
fundraising event listed in Section J1? If yes,	ributor a principal of a state contracto , indicate which branch or thes of government the	r or prosp	ective state contractor?	☐ Yes ✓ No			\$200.00
If yes, list Event # contra	act is with:	xecutive		tive			
Method of contribution: ☐ Cash ✓ Personal Check ☐ Credit/Debit Card	Payroll Deduction Money Or	der	Date Received 10/15/2013	Aggregate contributions \$200.00			
Last Name		First					M.I.
Purves		Alex	ander				
Residential Street Address	City				State	Zip Code	
18 Lincoln St	New H				СТ	06511-6	5212
Principal Occupation Professor		Yale Yale	of Employer				
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to a concipality does contributor or business nicipality valued at more than \$5,000	he/she is			Amoun	t of Conti	ibution
fundraising event listed in Section J1? If yes,	ributor a principal of a state contracto , indicate which branch or	r or prosp	ective state contractor?	Yes			\$200.00
	thes of government the act is with:	xecutive	Legisla	tive No			
Method of contribution: ☐ Cash	Payroll Deduction Money Or	der	Date Received 10/27/2013	Aggregate contributions \$350.00			
Last Name	~ ~	First	1				M.I.
Purves		Drik	a				
Residential Street Address	City				State	Zip Code	
18 Lincoln St	New H	aven			CT	06511-6	212
Principal Occupation n/a		Name on Name of Name o	of Employer				
dependent child of a lobbyist? mur	ontribution is in excess of \$400 to a concipality does contributor or business nicipality valued at more than \$5,000	he/she is			Amoun	t of Conti	ibution
fundraising event listed in Section J1? Yes If yes.	ributor a principal of a state contracto indicate which branch or	r or prosp	ective state contractor?	⊥ Yes			\$50.00
	thes of government the act is with:	xecutive	Legisla	tive No			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction Money Or	der	Date Received 10/27/2013	Aggregate contributions \$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) (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 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	Λ			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Qureshi		Mo	hammed				
Residential Street Address	City				State	Zip Code	
360 State St, Apt 922	New Ha	ven			CT	06510-3	3606
Principal Occupation	1	Name	of Employer			1	
Information Requested		Prat	t & Whitney				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amoun	nt of Conti	ribution
Is this contribution associated with a fundamining event listed in Section 112 Yes		or pros	pective state contractor	? Yes			\$40.00
If yes, indicate which branch o				✓ No			Ψ+0.00
If yes, list Event # 101613a branches of government the contract is with:	Exe	ecutiv		ative			
Method of contribution:	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$85.00	,		
Last Name		First					M.I.
Rae	_	Do	uglas			_	
Residential Street Address	City				State	Zip Code	2000
60 Lincoln St	New Ha				СТ	06511-3	3806
Principal Occupation Professor			of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amoun	nt of Conti	ribution
Is this contribution associated with a Yes Is contributor a principal of a state	te contractor	or pros	pective state contractor	? Yes	1		<u></u>
If yes, indicate which branch o	or			✓ No			\$270.00
If yes, list Event # Pro branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/11/2013	Aggregate contributions \$795.00			
Last Name		First		ψ. σσ.σσ			M.I.
Rank			phanie				
Residential Street Address	City	Oic	priariio		State	Zip Code	
39 Sea St	New Ha	ven			CT	06519-2	2813
Principal Occupation		Name	of Employer				
Agent		H. P	earce Co. Realto	rs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific produc	or business h				Amoun	nt of Conti	ribution
Is this contribution associated with a fundamental state of the state	te contractor	or pros	pective state contractor	? Yes			¢ E0.00
If yes, indicate which branch o				✓ No			\$50.00
If yes, list Event # contract is with:	Exe	ecutiv		ative	_		
Method of contribution:	Money Orde	er	Date Received 10/04/2013	Aggregate contributions \$50.00	,		
t							

SUBTOTAL Section B - This Page \$	
TOTAL of Section B Pages \$33,	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$33, (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 Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
B. Itemized Contributio	ns from Individuals							
Last Name			First					M.I.
Rathbun			Eliz	abeth				
Residential Street Address		City				State	Zip Code	
820 Orange St, Apt 2L		New Ha				СТ	06511-2	2567
Principal Occupation Clinician Therapist				of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros	_	✓ No			\$150.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$150.00			
Last Name			First		I			M.I.
Reddoch			Tho	omas				
Residential Street Address		City		· 100		State	Zip Code	•
218 Willow St		New Ha				СТ	06511-2	2531
Principal Occupation Information Requested				of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the		or pros		☐ Yes ✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Deb	contract is with:	Money Orde		Date Received 10/07/2013	Aggregate contributions \$50.00			
Last Name			First		1 400.00			M.I.
Reidy			Lau	ıra				
Residential Street Address 6302 Rippling Hollow Dr		City Spring				State TX	Zip Code 77379-4	1277
Principal Occupation Social Performance		1 3		of Employer le Energy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes	Is contributor a principal of a state If yes, indicate which branch of		or pros	pective state contracto	r? Yes			\$187.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Orde	er	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) (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 e	election		
A. Total Contributions from Small Contributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	i				M.I.
Richards		Kris	sten				
Residential Street Address	City				State	Zip Code	
8171 El Paseo Grande	La Jolla				CA	92037-3	3125
Principal Occupation			of Employer				
Dermatologist		Torr	ey Pines Dermato	ology			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes V No Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros	_	✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/07/2013	Aggregate contributions \$100.00	-		
Last Name		First			ı		M.I.
Rispoli		Jos	sephine				
Residential Street Address	City		1		State	Zip Code	
339 Willow St	New Ha		_		СТ	06511-2	2431
Principal Occupation n/a		Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state fundraising event listed in Section J1?		or pros	spective state contractor	? Yes			\$100.00
Who list Event # branches of government the		cutiv	e Legisla	✓ No			Ψ100.00
Method of contribution:	.0		Date Received	Aggregate contributions			
Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	r	10/04/2013	\$100.00			
Last Name		First	t				M.I.
Robinson		He	len				
Residential Street Address	City				State	Zip Code	
32 Everit St	New Ha				CT	06511-2	2208
Principal Occupation n/a		n/a	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific contributor.	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No Is contributor a principal of a stat If yes, indicate which branch o branches of government the		or pros	spective state contractor	Yes Vo			\$100.00
If yes, list Event # branches of government the contract is with:	Exe	cutiv	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page \$300.0	
TOTAL of Section B Pages \$33,441.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441.0	

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NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor			7 days preceding	election				
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Cor	ntributor)			Subtotal Section	A			\$0.00
B. Itemized Contribution	ons from Individuals							
Last Name			First					M.I.
Rocke			Rot	pert				
Residential Street Address		City				State	Zip Code	ı
94 Linden St, Fl 2		New Ha	aven			СТ	06511-2	2425
Principal Occupation				of Employer				
IT			Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a	Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r		_	✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Det	contract is with:	Money Orde	ecutive	Date Received	Aggregate contributions \$25.00			
Last Name	Taylon Bedaction	J. Honey Ord	First		\$25.00	1		M.I.
Rodgers			Mai					141.1.
Residential Street Address		City				State	Zip Code	ı
401 Whitney Ave, Apt 3		New Ha	aven			СТ	06511-2	2340
Principal Occupation				of Employer				
Information Requested			Infor	mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contracto	res			\$10.00
If yes, list Event #	branches of government the contract is with:	/	ecutive	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	oit Card Payroll Deduction	Money Orde	er	Date Received 10/19/2013	Aggregate contributions \$10.00			
Last Name	0		First		1			M.I.
Rosenthal			Jud	ly				
Residential Street Address		City				State	Zip Code	
70 Brookside Dr		Hamder	n			СТ	06517-1	408
Principal Occupation Photographer			Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ibution
Is this contribution associated with a fundraising event listed in Section J1?	Is contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contracto	r? Yes			\$25.00
If yes, list Event # ✓ No	branches of government the contract is with:	Exc	ecutive	e Legisl	ative			
Method of contribution: ☐ Cash	it Card Payroll Deduction	Money Ordo	er	Date Received 10/04/2013	Aggregate contributions \$25.00)		

SUBTOTAL Section B - This Page \$60.00	
TOTAL of Section B Pages \$33,441.00	
LL 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 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	:				M.I.
Rosofsky		Ira					
Residential Street Address	City				State	Zip Code	
230 Canner St	New Ha	ven			СТ	06511-2	2233
Principal Occupation	•	Name	of Employer			•	
Psychologist		CMF	HS .				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or		_	✓ No			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ecutiv er	Date Received	Aggregate contributions \$25.00	1		
Last Name		First		Ψ=0.00			M.I.
Rozen		Jar					
Residential Street Address	City		100		State	Zip Code	
97 Everit St	New Ha				СТ	06511-1	1334
Principal Occupation Retired		Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	nt of Cont	ribution
Is this contribution associated with a Yes Is contributor a principal of a sta		or pros	pective state contractor	r? Yes			\$50.00
fundraising event listed in Section J1?		ecutiv	e Legisl	✓ No			φ30.00
Method of contribution:		Countr	Date Received	Aggregate contributions			
Cash Personal Check 🗸 Credit/Debit Card Payroll Deduction	Money Orde	er	10/14/2013	\$100.00	,		
Last Name		First			•		M.I.
Ruddle		Na	ncy				
Residential Street Address	City				State	Zip Code	
341 Willow St	New Ha	iven			CT	06511-2	2431
Principal Occupation professor			of Employer University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amoun	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of the section of the sect		or pros	pective state contractor	Yes			\$50.00
If yes, list Event #	Exc	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this P	eriod Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Russo		Joh	n				
Residential Street Address	City				State	Zip Code	
95 Roger Rd	New Ha				СТ	06515-2	2739
Principal Occupation Controller			of Employer pia Properties, Ll	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$2 municipality does contributor or municipality valued at more that	r business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 101613a Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$50.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$50.00			
Last Name		First			ļ.		M.I.
Sackheim		Don	nald				
Residential Street Address	City	- 4	- 100		State	Zip Code	
oo nemeek ka	New Ha				СТ	06515-2	2616
Principal Occupation Information Requested		Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more tha	r business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		☐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction N	Money Orde	er	Date Received 10/14/2013	Aggregate contributions \$200.00			
Last Name		First	•				M.I.
Saddler		Joai	n				
Residential Street Address	City				State	Zip Code	
13 Nash St	New Ha		CF 1		СТ	06511-2	2615
Principal Occupation Mortgage Underwriter			of Employer ndPoint Mortgage	Co			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Who If contribution is in excess of \$2 municipality does contributor or municipality valued at more than	r business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 101613a Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		✓ No			\$50.00
Method of contribution:	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$50.00			
					1		

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 6	election		
A. Total Contributions from Small Contributors - Received this	is Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	1			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Sanchione		Lou	uise				
Residential Street Address	City				State	Zip Code	
315 Eastern St, Apt D1608	New Ha	aven			CT	06513-2	2532
Principal Occupation Naturopathic Medical Doctor and Special Education Teacher		Name Self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business le than \$5,000?	he/she i	s associated with have Yes	a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a s If yes, indicate which branch branches of government the contract is with:	n or	or pros		res ✓ No			\$10.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction [Money Orde	er	Date Received 10/22/2013	Aggregate contributions \$10.00	1		
Last Name		First					M.I.
Sapadin		Hel	ene				
Residential Street Address	City		and the same		State	Zip Code	•
68 Perkins St	New Ha	aven			СТ	06513-3	3209
Principal Occupation teacher/therapist		Name	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribut municipality valued at more	or or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which branch branches of government the contract is with:	n or	or pros	eLegisl	✓ No ative			\$25.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/24/2013	Aggregate contributions \$125.00)		
Last Name		First					M.I.
Saracco		Lin	da				
Residential Street Address 690 Whitney Ave	City New Ha	aven			State CT	Zip Code 06511-1	1312
Principal Occupation	_	Name	of Employer				
Information Requested		Retii	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business l				Amoui	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a s		or pros	pective state contractor	r? Yes			\$20.00
If yes, list Event # If yes, list Event # If yes, indicate which branch branches of government the contract is with:		ecutiv	eLegisl	✓ No ative			Ψ20.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$20.00			

\$55.00	SUBTOTAL Section B - This Page
\$33,441.00	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)

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NAME OF COMMITTEE					TYPE OF REPORT			
Justin Elicker for Mayor					7 days preceding e	election		
A. Total Contributions from Small Con	tributors - Received this Po	eriod Ol	NLY					
(See instructions for definition of Small Contr	ributor)			Subtotal Section A				\$0.00
B. Itemized Contribution	s from Individuals							
Last Name			First					M.I.
Sawyer			Johr	า				
Residential Street Address		City				State	Zip Code	
35 Pelham Ln		New Ha	ven			СТ	06511-2	2805
Principal Occupation				of Employer				
Retired			Retire	eu				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Ves	Is contributor a principal of a state of <i>If yes</i> , indicate which branch or branches of government the				✓ No			\$170.00
If yes, list Event # Method of contribution:	contract is with:	Exe	ecutive	Legisla Date Received	Aggregate contributions	_		
Cash Personal Check Credit/Debit	Card Payroll Deduction M	Ioney Orde	er	10/22/2013	\$170.00			
Last Name			First					M.I.
Schenck			Ann	e Finlay				
Residential Street Address		City		-		State	Zip Code	
171 Everit St		New Ha				СТ	06511-1	1306
Principal Occupation Retired			Name o	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No	Is contributor a principal of a state of <i>If yes</i> , indicate which branch or branches of government the		, E.		✓ No			\$100.00
If yes, list Event #	contract is with:	Exe	ecutive		ntive			
Method of contribution:	Card Payroll Deduction M	Money Orde	er	Date Received 10/15/2013	Aggregate contributions \$200.00			
Last Name	~ ~ ~ ~ ~		First					M.I.
Schwartz			Edw	ard ard				
Residential Street Address		City				State	Zip Code	
854 Quinnipiac Ave, # 8		New Ha	ven			СТ	06513-3	3329
Principal Occupation n/a			Name on n/a	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No	Is contributor a principal of a state of <i>If yes</i> , indicate which branch or branches of government the				∐ res ✓ No			\$25.00
If yes, list Event #	contract is with:	Exe	ecutive		ntive			
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction N	Ioney Orde	er	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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		5	Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Schwartz		Morr	is				L
Residential Street Address	City				State	Zip Code	
121 McKinley Ave	New Ha				СТ	06515-2	2007
Principal Occupation Physician		Name o	f Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with	r	r or prospe	ective state contracto	✓ No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ordo		Date Received 10/15/2013	Aggregate contributions \$50.00	-		
Last Name		First					M.I.
Scillia		Anth	ony				
Residential Street Address	City		100		State	Zip Code	
76 Limewood Ave	Branfor				СТ	06405-5	305
Principal Occupation None		Name o None	f Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state in Section J1? No Possible 1 Yes Is contributor a principal of a state in Section J1? Yes In yes, indicate which branch of branches of government the		r or prospe	ective state contracto	r?			\$370.00
If yes, list Event # branches of government the contract is with:	Exc	xecutive	Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Ordo		Date Received 10/05/2013	Aggregate contributions \$370.00			
Last Name		First					M.I.
Scott morton		Fion	a				
Residential Street Address	City				State	Zip Code	
299 Lawrence St	New Ha				СТ	06511-2	2309
Principal Occupation professor			f Employer Iniversity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No Is contributor a principal of a state in Section J1? Yes, indicate which branch or branches of government the	r			∐ Yes ✓ No			\$300.00
If yes, list Event # contract is with:	∐Ex	xecutive	Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/06/2013	Aggregate contributions \$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) (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 e	election		
A. Total Contributions from Small Contributors - Received this P	eriod Ol	NLY					
(See instructions for definition of Small Contributor)		S	Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Shapiro		Jorda	an				
Residential Street Address	City				State	Zip Code	
2088 Chapel St	New Ha	ven			СТ	06515-2	2703
Principal Occupation			Employer	_			
Information Requested		Inform	ation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or branches of government the contribution associated with a fundraising event listed in Section J1? If yes, list Event #	_	or prospe	ctive state contractor	✓ No			\$15.00
Method of contribution:	Money Orde		Date Received 10/25/2013	Aggregate contributions \$15.00	-		
Last Name		First			,		M.I.
Shonka		Ange	line				
	City	-			State	Zip Code	
7390 Clifton Rd	Clifton				VA	20124-2	2105
Principal Occupation Information Requested		Name of retirec	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amour	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the		, e	_	✓ No			\$370.00
If yes, list Event # contract is with:	Exe	ecutive	Legisla		1		
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/22/2013	Aggregate contributions \$370.00			
Last Name		First					M.I.
Shrager		Sher	ry				
	City New Ha	ven			State CT	Zip Code 06515-2	2426
Principal Occupation N/A		Name of Retire	Employer d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$4 municipality does contributor or municipality valued at more than	r business h				Amour	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or	contractor o	or prospe	ctive state contractor	res			\$150.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	Legisla		-		
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/15/2013	Aggregate contributions \$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) (Enter total on Line 13 of Summary Page Totals)	\$33,441.00

D	07	- C	125
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NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding e	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	Λ			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Silberman		Joel					
Residential Street Address	City				State	Zip Code	
32 Londonderry Ln	Somers	3			NY	10589-2	2904
Principal Occupation			of Employer				
Research Scientist		IBM					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of the	r or business h	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of branches of government the	or		_	✓ No			\$100.00
If yes, list Event # contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ler	Date Received 10/24/2013	Aggregate contributions \$100.00			
Last Name		First			_		M.I.
Silberman		Julia					
Residential Street Address	City	- 4	and the second		State	Zip Code	
68 Bishop St	New Ha				СТ	06511-3	3932
Principal Occupation VA Americorp		Name of	of Employer icorp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of municipality does contributor municipality valued at more	r or business h	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or section J1?		or prosp	pective state contractor	Yes Vo	1		\$25.00
If yes, list Event # 102013a No branches of government the contract is with:	Exe	ecutive		ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler	Date Received 10/20/2013	Aggregate contributions \$25.00			
Last Name		First					M.I.
Silver		Kath	nryn				
Residential Street Address	City				State	Zip Code	
262 Yale Ave	New Ha				СТ	06515-2	2231
Principal Occupation Teacher			of Employer eport Board of E	ducation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more in the specific property of the	r or business h	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 102013a Is contributor a principal of a star If yes, indicate which branch of branches of government the contract is with:	or	or prosp		✓ No			\$75.00
Method of contribution:		Canve	Date Received	Aggregate contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler	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

Page	88	of	125

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)		S	ubtotal Section A				\$0.00
B. Itemized Contributions from Individuals				•			
Last Name		First					M.I.
Silverman		Richa	ard				
Residential Street Address	City				State	Zip Code	
27 Elmwood Rd	New Ha	aven			СТ	06515-2	2241
Principal Occupation Director of Admissions			Employer School of Medici	ne			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No	r		_	✓ No			\$50.00
contract is with:	Exe	ecutive	Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	I	Date Received 10/20/2013	Aggregate contributions \$50.00			
Last Name		First			ļ		M.I.
Smith		Sean					
Residential Street Address	City				State	Zip Code	
167 McKinley Ave	New Ha				СТ	06515-2	2007
Principal Occupation PR Executive			Employer Novelli				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state of the section of		or prospe	ctive state contractor	res			\$100.00
If yes, list Event #	Exe	ecutive	Legisla	✓ No ative			
Method of contribution:	Money Orde	I	Date Received 10/06/2013	Aggregate contributions \$100.00			
Last Name		First					M.I.
Snyder		Keral	a				
Residential Street Address	City	•			State	Zip Code	
204 Canner St	New Ha				СТ	06511-2	2233
Principal Occupation Retired		Name of NA	Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h	he/she is a			Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the	r	or prospe	ctive state contractor	∐ Yes ✓ No			\$370.00
Method of contribution:		. 1	Date Received	Aggregate contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ler	10/25/2013	\$370.00			

SUBTOTAL Section B - This Page \$520.0	
TOTAL of Section B Pages \$33,441.0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13 of Summary Page Totals) \$33,441.0	

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	i				M.I.
Snyder		Ric	hard				
Residential Street Address	City				State	Zip Code	
204 Canner St	New Ha	ven			СТ	06511-2	2233
Principal Occupation		Name	of Employer				
Retired		NA					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a Yes Is contributor a principal of a stat		or pros	pective state contractor	r? Yes			\$370.00
fundraising event listed in Section J1? If yes, indicate which branch o branches of government the	r			✓ No			\$370.00
If yes, list Event # contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/25/2013	Aggregate contributions \$370.00			
Last Name		First					M.I.
Sobel		Suz	zanne				
Residential Street Address	City		a a a a a a a a a a a a a a a a a a a		State	Zip Code	
298 Lawrence St	New Ha				СТ	06511-2	2310
Principal Occupation MW		Name PXL	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section II? Yes Is contributor a principal of a state fundraising event listed in Section II?	e contractor	or pros	spective state contractor	r? Yes	1		የ ደር
If yes, indicate which branch or	r			✓ No			\$50.00
If yes, list Event # 102713a branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$50.00			
Last Name		First					M.I.
Spillane		Ма	rgaret				
Residential Street Address	City				State	Zip Code	
634 Orange St	New Ha	ven			СТ	06511-3	3825
Principal Occupation			of Employer				
Instructor		Yale	University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ✓ No If contribution is in excess of municipality does contributor municipality valued at more the specific of the	or business h				Amour	it of Conti	ribution
Is this contribution associated with a fundasising event listed in Section 112 Yes Is contributor a principal of a state	e contractor	or pros	spective state contractor	r? Yes	1		ቀጋድ ሳሳ
If yes, indicate which branch or	r _			✓ No			\$25.00
If yes, list Event # branches of government the contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/27/2013	Aggregate contributions \$25.00			
L			1	l			

\$445.00	SUBTOTAL Section B - This Page
\$33,441.00	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)

NAME OF COMMITTEE				TYPE OF REPORT			
Justin Elicker for Mayor				7 days preceding	oloction		
	D:- 1 O	NII 37		r days preceding to	516011011		
A. Total Contributions from Small Contributors - Received this	Period O	NL I					ድ ስ ሰር
(See instructions for definition of Small Contributor)			Subtotal Section A	•			\$0.00
B. Itemized Contributions from Individuals		F: .					MX
Last Name		First					M.I.
States		Ra	ndall				
Residential Street Address	City	\ (O.D.			State	Zip Code 06511-3	0025
306 Humphrey St Principal Occupation	New Ha		of Employer		<u> </u>	06511-3	933
Geotechnical Engineer			is Engineering, In	c.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	or	or pros	_	✓ No			\$370.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/22/2013	Aggregate contributions \$370.00)		
Last Name		First					M.I.
Strickler		Mic	chael				
Residential Street Address	City				State	Zip Code	
809 Orange St	New Ha	ven			СТ	06511-2	2507
Principal Occupation Research Specialist			of Employer vard Hughes Medi	cal Institute			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes V No Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	or	or pros		✓ No			\$25.00
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$25.00)		
Last Name		First	t				M.I.
Stuart		Joa	anna				
Residential Street Address	City				State	Zip Code	
106 Livingston St, Apt A8	New Ha				CT	06511-2	2413
Principal Occupation Consultant		Name self	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	or	or pros		∐ Yes ✓ No			\$35.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	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 6	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	Λ.			\$0.00
B. Itemized Contributions from Individuals				•			
Last Name		First	:				M.I.
Suave		Line	da				
Residential Street Address	City				State	Zip Code	
302 Lexington Ave	New Ha	ven			CT	06513-4	1046
Principal Occupation		Name	of Employer				
Real Estate Agent		H. P	earce				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of branches of government the	or			res ✓ No			\$25.00
If yes, list Event # Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ecutiv	Date Received	Aggregate contributions			
Last Name			10/24/2013	\$75.00	1		MI
		First					M.I.
Suggs		Cel	este				
Residential Street Address 103 Everit St	City New Ha	ven			State CT	Zip Code 06511-1	306
Principal Occupation		Name	of Employer			1	
IT Specialist		None	9				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	it of Conti	ribution
Is this contribution associated with a Yes Is contributor a principal of a sta		or pros	pective state contractor	? Yes	1		\$100.00
If yes, indicate which branch of branchs of government the	or			✓No			φ100.00
If yes, list Event # Contract is with:	Exe	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$200.00)		
Last Name		First					M.I.
Suidan		Zuł					
Residential Street Address	City				State	Zip Code	
291 S Bald Hill Rd	New Ca	naan	l		CT	06840-2	2908
Principal Occupation		Name	of Employer				
Consultant		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business h				Amoun	it of Conti	ribution
Is this contribution associated with a fundacional section 112 Yes Is contributor a principal of a sta	te contractor	or pros	pective state contractor	? Yes			\$100 OC
If yes, indicate which branch of branches of government the		ecutiv	e Legisl	✓ No			\$100.00
Method of contribution:		~utiV	Date Received	Aggregate contributions	-		
	Money Orde	er	10/22/2013	\$100.00	1		

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

Page	92	of	125

Justin Elicker for Mayor 7 days pr A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) Subtotal Section A	eceding e	election		
(See instructions for definition of Small Contributor) Subtotal Section A				
				\$0.00
B. Itemized Contributions from Individuals				
Last Name First				M.I.
Sullivan Bonnie				
Residential Street Address City		State	Zip Code	
40 Cliff St New Haven		CT	06511-1	344
Principal Occupation Name of Employer				
None None				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes windered in expectation is in excess of \$400 to a candidate committee for a chief executive office municipality does contributor or business he/she is associated with have a contract with municipality valued at more than \$5,000? Yes No		Amoun	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the]Yes]No			\$370.00
If yes, list Event #	ontributions \$370.00			
Last Name First	φοι σ.σσ			M.I.
Sullivan Kevin				
Residential Street Address City		State	Zip Code	
86 Pearl St New Haven		CT	06511-3	885
Principal Occupation Name of Employer Information Requested Information Requested				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of \$400 to a candidate committee for a chief executive office municipality does contributor or business he/she is associated with have a contract with municipality valued at more than \$5,000? Yes Yes Younger Yes Yes Younger Yes Y		Amoun	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or]Yes			\$10.00
If yes, list Event # branches of government the contract is with: Executive Legislative]No			
Method of contribution: Date Received Aggregate contribution Cash Personal Check ✓ Credit/Debit Card Payroll Deduction Money Order 10/19/2013	ontributions \$10.00			
Last Name First				M.I.
Sullivan Martha				
Residential Street Address City		State	Zip Code	
72 Colony Rd New Haven		СТ	06511-2	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? Yes municipality does contributor or business he/she is associated with have a contract with municipality valued at more than \$5,000? Yes No		Amoun	t of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes V No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the]Yes]No			\$50.00
If yes, list Event # Contract is with: Executive Legislative	-			
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received 10/16/2013 □ Aggregate or 10/16/2013	ontributions \$100.00			

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

NAME OF COMMITTEE				TYPE OF REPORT			
					lays preceding election		
A. Total Contributions from Small Contributors - Received this	Period O	NI Y		, aaye proceaming o			
(See instructions for definition of Small Contributor)	T CI IOG O	I I	Subtotal Section A	Δ			\$0.00
B. Itemized Contributions from Individuals			Buototal Beetloil 1	1			Ψ0.00
Last Name		First					M.I.
Sullivan		Sha					141.1.
Residential Street Address	G:+	Sna	auri		Ct-t-	7:- C- 4-	
40 Cliff St	City New Ha	ven			State CT	Zip Code 06511-1	1344
Principal Occupation	11011111		of Employer			00011	
n/a			gin & Dana				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific produc	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes V No Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r	or pros	_	✓ No			\$370.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/12/2013	Aggregate contributions \$370.00	-		
Last Name		First			ļ		M.I.
Sweeting-Halwes		Jar	net				
Residential Street Address	City				State	Zip Code	2404
80 Atwater St	New Ha				СТ	06513-3	3104
Principal Occupation Information Requested			of Employer mation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the specif	or business h				Amour	nt of Cont	ribution
Is this contribution associated with a Yes Is contributor a principal of a state	te contractor o	or pros	pective state contractor	r? Yes	¢100.0		
fundraising event listed in Section J1?		ecutiv	e Legisl	ative No			\$108.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/10/2013	Aggregate contributions \$108.00	-		
Last Name		First					M.I.
Taylor		Me	lanie				
Residential Street Address	City				State	Zip Code	
35 Lawrence St	New Ha	ven			СТ	06511-2	2649
Principal Occupation Architect		Name Self	of Employer			•	
_		Seli					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production in the specific production in the specific production in the spec	or business h				Amour	nt of Cont	ribution
fundacione event listed in Section II 2 Yes	V res					\$250.00	
If yes, list Event # 101613a No If yes, indicate which branch o branches of government the contract is with:	_	ecutiv	e Legisl	✓ No Legislative			
Method of contribution:	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$250.00			
			I		L		

SUBTOTAL Section B - This Page	\$728.00
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

Page	94	of	125

NAME OF COMMITTEE						TYPE OF REPORT			
Justin Elicker for Mayor 7 days pre					7 days preceding 6	election			
A. Total Contributions from S	mall Cor	ntributors - Received this	Period O	NLY					
(See instructions for definition of Si	mall Cont	ributor)			Subtotal Section A	1			\$0.00
B. Itemized Con	tribution	s from Individuals							
Last Name				First					M.I.
Tedstone				Rya	n				
Residential Street Address			City	•			State	Zip Code	
601 East St, Apt 1			New Ha				СТ	06511-3	3902
Principal Occupation Information Requested					of Employer on Pharmaceutic	cals			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1?	☐ Yes ✓ No	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r			✓ No			\$100.00
If yes, list Event # Method of contribution:		contract is with:	Exe	ecutive	Date Received	Aggregate contributions	_		
Cash Personal Check 🗸	Credit/Debit	Card Payroll Deduction	Money Orde	er	10/10/2013	\$100.00			
Last Name				First			_		M.I.
Thompson				Lau	ra				
Residential Street Address			City	- 4			State	Zip Code	•
111 Park St, Apt 2P			New Ha		A		СТ	06511-5	5438
Principal Occupation n/a				Name on/a	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1?	✓ Yes	Is contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	Yes No			\$20.00
If yes, list Event # 101613a	∐No	branches of government the contract is with:	Exe	ecutive		ative			
Method of contribution: ✓ Cash Personal Check C	Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$20.00			
Last Name				First					M.I.
Tishkoff				Dori	is				
Residential Street Address			City				State	Zip Code	
70 Livingston St, Apt 1M			New Ha				СТ	06511-2	2468
Principal Occupation Professor					of Employer nipiac University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	it of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	☐ Yes ✓ No	Is contributor a principal of a state If ves, indicate which branch or branches of government the	r _	or prosp		✓ No			\$10.00
Method of contribution: ☐ Cash	Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 10/25/2013	Aggregate contributions \$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 t	this Period O	NI Y		, aaya proceamig			
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals			Subtotal Section P	<u> </u>			Ψ0.00
Last Name		First					MI
							M.I.
Torresquintero	<u>r</u>	Mart	in				
Residential Street Address	City New Ha				State CT	Zip Code 06513-3	2025
42 Front St	New na		f Employer		<u> </u>	00013-3	925
Principal Occupation Outdoor Adventure Coordinator			f New Haven				
Y TO THE TOTAL PROPERTY OF THE PARTY OF THE	5,0400						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality valued at m	butor or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 102513a Is contributor a principal of If yes, indicate which braid branches of government the contract is with:	nch or	or prospe	ective state contractor	✓ No			\$100.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	on Money Orde		Date Received 10/25/2013	Aggregate contributions \$200.00	,)		
Last Name		First					M.I.
Tosi		Aliso	n T				
Residential Street Address	City				State	Zip Code	
394 Yale Ave	New Ha	aven			СТ	06515-2	2233
Principal Occupation	_	Name o	f Employer			1	
Sales		Ann T	aylor, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution. If contribution is in excemunicipality does contribution.	butor or business l				Amour	nt of Cont	ribution
Is this contribution associated with a Yes Is contributor a principal of	a state contractor	or prospe	ective state contractor	r? Yes	1		\$050.00
fundraising event listed in Section J1? If yes, indicate which branches of government the				✓ No			\$250.00
If yes, list Event # contract is with:	Exc	ecutive	Legisla	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	on Money Orde		Date Received 10/25/2013	Aggregate contributions \$250.00	1		
Last Name	,O	First			-		M.I.
Tsai		JC F	lelen				
Residential Street Address	City				State	Zip Code	
146 Middle Beach Rd	Madisor	n			СТ	06443-3	3025
Principal Occupation Information Requested			f Employer nation Requeste	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excemunicipality does contribution is in excemunicipality valued at m	butor or business l				Amour	nt of Cont	ribution
Is this contribution associated with a fundraicing event listed in Section 112 Yes Is contributor a principal of	a state contractor	or prospe	ective state contractor	r? Yes			¢100.00
fundraising event listed in Section J1? If yes, indicate which bran branches of government the contract is with:	ne —	ecutive	Legisla	✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Ordo		Date Received 10/27/2013	Aggregate contributions \$100.00	1		

e \$450.00	SUBTOTAL Section B - This Page
s \$33,441.00	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)

NAME OF COMMITTEE TYPE OF REPORT							
Justin Elicker for Mayor	7 days preceding e	election					
A. Total Contributions from Small Contributors - Received this	Period O	NLY		1			
(See instructions for definition of Small Contributor)			Subtotal Section A	1			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	:				M.I.
Tucker		C. I	Michael				
Residential Street Address	City				State	Zip Code	
64 Bishop St	New Ha	ven			СТ	06511-3	3932
Principal Occupation			of Employer				
Architect		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Conti	ribution
Is this contribution associated with a fundraicing event listed in Section 112 Yes Is contributor a principal of a state	e contractor	or pros	pective state contractor	? Yes			\$25.00
If yes, indicate which branch or				✓ No			Ψ25.00
If yes, list Event # 101613a branches of government the contract is with:	L Ex	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/16/2013	Aggregate contributions \$25.00			
Last Name		First		Ψ23.00			M.I.
Urbano			hony Patrick				
Residential Street Address	City	7			State	Zip Code	
PO Box 973	Orange				CT	06477-0	973
Principal Occupation		Name	of Employer				
Developer		Self	Employed Real E	Estate Investor/Deve	eloper		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific contributor.	or business l				Amour	nt of Conti	ribution
Is this contribution associated with a Yes Is contributor a principal of a stat		or pros	pective state contractor	? Yes			\$370.00
If yes, indicate which branch of	r —			✓No			φ370.00
If yes, list Event # branches of government the contract is with:	Exc	ecutiv	e Legisl	ative			
Method of contribution:	Money Orde	er	Date Received 10/08/2013	Aggregate contributions \$370.00			
Last Name		First		*			M.I.
Valk		Eliz	za .				
Residential Street Address	City				State	Zip Code	
172 Bishop St	New Ha	ven			СТ	06511-3	3718
Principal Occupation			of Employer				
Artist & Landscape Architect		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific contribution.	or business l				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes indicate which branch or		or pros	pective state contractor	f? Yes			\$150.00
If yes, list Event # 101613a No If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisl	ative No			ψ100.0C
Method of contribution:	Money Orde	er	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) (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 e	election		
A. Total Contributions from Small Contributors	s - Received this	Period ON	NLY					
(See instructions for definition of Small Contributor)				Subtotal Section A	Λ			\$0.00
B. Itemized Contributions from Ir	dividuals							
Last Name			First					M.I.
Wareck			Johi	1				
Residential Street Address		City				State	Zip Code	
112 Huntington St		New Hav	ven			СТ	06511-2	2017
Principal Occupation			Name o	of Employer			•	
Real Estate			Real	Living Wareck D	Ostilio O			
dependent child of a lobbyist? municip	bution is in excess of a lity does contributor ality valued at more the	or business he				Amoun	nt of Cont	ribution
fundraising event listed in Section J1?	or a principal of a stat dicate which branch or of government the	r	or prosp		✓ No			\$25.00
Method of contribution:	Payroll Deduction	Money Order		Date Received 10/16/2013	Aggregate contributions \$25.00	-)		
Last Name			First			.1		M.I.
Weiner			Mar	orie				
Residential Street Address		City	- 4			State	Zip Code	1
35 Lawncrest Rd		New Hav	ven	_		СТ	06515-1	1510
Principal Occupation n/a			Name on Name of Name o	of Employer				
dependent child of a lobbyist? municip	bution is in excess of a lity does contributor ality valued at more the	or business he				Amoun	nt of Cont	ribution
fundraising event listed in Section J1? If yes, in branches If yes, in branches	or a principal of a stat dicate which branch or of government the	r _	ecutive		✓ No			\$50.00
Method of contribution:	s with:		Cutive	Date Received	Aggregate contributions			
	Payroll Deduction	Money Order	r	10/22/2013	\$50.00			
Last Name	0		First					M.I.
Weir			Aliso	on				
Residential Street Address		City				State	Zip Code	
61 Lyon St, # 1		New Hav	ven			СТ	06511-4	4925
Principal Occupation Director of Programs				of Employer Diaper Bank Net	work			
dependent child of a lobbyist? municip	bution is in excess of a lity does contributor ality valued at more the	or business he				Amoun	nt of Cont	ribution
fundraising event listed in Section J1? If yes, in	or a principal of a stat dicate which branch or		or prosp	ective state contractor	Yes ✓ Yo			\$100.00
If yes, list Event # branches contract i	of government the s with:	Exe	cutive	Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Order	r	Date Received 10/18/2013	Aggregate contributions \$100.00)		

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages \$3	\$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 O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized Contributions from Individuals							
Last Name		First					M.I.
Westover		Lou	ıise H				
Residential Street Address	City				State	Zip Code	
21 Colonial PI	New Ha	ven			CT	06515-2	2005
Principal Occupation		Name	of Employer			I.	
Information Requested		Infor	mation Requeste	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch of branches of government the	or		_	✓ No			\$25.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ecutiv	Date Received	Aggregate contributions \$25.00	_		
Last Name		First		Ψ25.00			M.I.
							101.1.
Whitney	l ar	Eliz	abeth B.		La	7: 0 1	
Residential Street Address 125 Linden St	City New Ha	ven			State CT	Zip Code 06511-2	2424
Principal Occupation	11011110		of Employer			000112	
Information Requested	4	retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a Yes Is contributor a principal of a star	te contractor	or pros	pective state contractor	? Yes	1		# 400 00
If yes, indicate which branch of branches of government the	or			✓ No			\$100.00
If yes, list Event # contract is with:	Exe	ecutiv	e Legisla	ative			
Method of contribution:	Money Orde	er	Date Received 10/11/2013	Aggregate contributions \$100.00			
Last Name		First					M.I.
Wittink		Ma	rian				
Residential Street Address	City				State	Zip Code	
70 N Lake Dr	Hamder	า			СТ	06517-2	2414
Principal Occupation		Name	of Employer				
Retired		n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with a fundacional section 112 Yes Is contributor a principal of a statement of the section 112 Yes	te contractor	or pros	pective state contractor	? Yes			¢ 100 00
If yes, indicate which branch of branches of government the		ecutiv	e Legisla	✓ No			\$100.00
Method of contribution:		V	Date Received	Aggregate contributions	1		
	Money Orde	er	10/15/2013	\$100.00			

SUBTOTAL Section B - This Page \$225.00	
TOTAL of Section B Pages \$33,441.00	
OTAL 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 6	election		
A. Total Contributions from Small Contributors - Received this	Period Ol	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A	A			\$0.00
B. Itemized Contributions from Individuals							
Last Name		First	t				M.I.
Wren		Ма	rjorie				
Residential Street Address	City				State	Zip Code	
64 Nash St	New Ha	ven			СТ	06511-2	2618
Principal Occupation Fundraiser			of Employer ned Parenthood	of Southern New Er	ngland		
V							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific or the specif	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? No No pranches of government the		or pros	spective state contractor	r?			\$50.00
If yes, list Event # 102013a	Exe	ecutiv	e Legisl	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/20/2013	Aggregate contributions \$50.00			
Last Name		First					M.I.
Yaro		Jer	nnifer				
Residential Street Address	City		100		State	Zip Code	2005
518 Chapel St, Apt 2	New Ha		CT 1		СТ	06511-6	905
Principal Occupation Nurse Practitioner			of Employer well Health Care				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific produc	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a Yes Is contributor a principal of a state		or pros	pective state contractor	r? Yes			\$25.00
fundraising event listed in Section J1? If yes, list Event # If yes, indicate which branch o branches of government the contract is with:	/\	ecutiv	e Legisl	ative No			Ψ20.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/06/2013	Aggregate contributions \$25.00	-		
Last Name		First		Ψ=0.00			M.I.
Yim		Anı	drew				
Residential Street Address	City	7 (11)	u. 0 17		State	Zip Code	
4 Lewis St	New Ha	ven			CT	06513-3	3207
Principal Occupation Nurse Practitioner			of Employer nmunity Health Ce	enter Inc		•	
Is contributor a lobbyist, spouse, or Yes If contribution is in excess of							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific production is in excess of municipality valued at more the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of municipality valued at more than the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production is in excess of the specific production in the specific production in the specific production in the specific production in the spec	or business h				Amour	nt of Conti	ribution
Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch o		or pros	pective state contractor	⊥ Yes			\$100.00
If yes, list Event #	_	ecutiv	e Legisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/24/2013	Aggregate contributions \$100.00			

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

SEEC FORM 20 Rev 1/12

Page 10	00 of	125

A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Last Name Residential Street Address 526 Orange St Principal Occupation Graduate Student Is contributor a lobbyist, spouse, or dependent child of a lobbyst? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business hes/he is associated with have a contract with said municipality advest contributor and solve that a fundraising event listed in Section 317 No Method of contribution: State Zip Code O6511-3819	NAME OF COMMITTEE			TYPE OF REPORT			
Subtotal Section A Subtota	Justin Elicker for Mayor			7 days preceding e	election		
B. Itemized Contributions from Individuals Last Name Young Residential Street Address S26 Orange St Principal Occupation Graduate Student Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution associated with a fandraising event listed in Section 11? If yes, list Event # 101613a Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City Now Haven Name of Employer Yale University No State City New Haven Name of Employer Yale University No Bar Received at nore than \$5,000? Yes No Salac Cash Aggregate contributions State City No State City No Oscillation of Employer Yes If contribution associated with a fandraising event listed in Section 11? Yes, indicate which branch or branches of government the contract is with: Contributors Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City No No State City No State City No Christopher M.I. Amount of Contribution M.I. Amount of Contribution of Contribution associated with a fundation of the contract is with: New Haven State City No Os511-4548 First Contributor a lobbyist, spouse, or dependent child of a lobbyist? No State City Os511-4548 First Legislative Method of contribution associated with a fundation or prospective state contractor? Yes Jives, list exent with a fundation or prospective state contractor? Yes Jives, list exent with a fundation or prospective state contractor? Yes Jives Ji	A. Total Contributions from Small Contributors - Received	d this Period ON	NLY				
Last Name Young Residential Street Address 526 Orange St Name of Employer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal Occupation Is this contribution associated with a fundraising event listed in Section J1? Jyes, indicate which branch or branches of government the Contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality alone at more than \$5.000? Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state contractor? Jyes, indicate which branch or branches of government the contract or prospective state contractor? The state of the contributions of the contractor or prospective state contractor? Amount of Contribution or prospective state contractor? Jyes, list Event # M.I. Amount of Contribution of Contribution or prospective state contractor? Jyes, list Event # M.I. Amount of Contribution of Contribution or prospective state contractor? Jyes John	(See instructions for definition of Small Contributor)		Subtotal Section A				\$0.00
Young Residential Street Address 526 Orange St Principal Occupation Graduates Student State CT O6511-3819 If contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a a municipality valued at more than \$5.000? Is this contributor associated with a a municipality valued at more than \$5.000? Method of contribution Method of contribution Last Name Zollo Residential Street Address Yes If contributor or business he/she is associated with have a contract with said municipality valued at more than \$5.000? Principal Occupation Presson Presson	B. Itemized Contributions from Individuals						
Residential Street Address 526 Orange St New Haven Name of Employer Yale University If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality of particular a principal of a state contractor or prospective state contractor. Manual Contribution State	Last Name		First				M.I.
Sea Orange St New Haven Sea Of Sea Orange St New Haven Sea Of Sea Orange St New Haven Sea Of Sea Orange St Sea	Young		Hobart Patrick				
Principal Occupation Graduate Student Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes fundraising event listed in Section J1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If contribution associated with a fundraising event listed in Section J1? Yes If contributor a principal of a state contractor or prospective state contractor? Yes Yes, indicate which branch or branches of government the contract is with: If contributor a principal of a state contractor or prospective state contractor? Yes Yes, indicate which branch or branches of government the contract is with: If contributor a principal of a state contractor or prospective state contractor? Yes Yes, indicate which branch or branches of government the contract is with: If contributor a principal of a state contractor? Yes If contributor a principal of a state contractor or prospective state contractor? Yes If contributor a lobby is yes, lest Event # If contributor a principal of a state contractor or prospective state contractor Yes If contributor a principal of a state contractor or prospective state contractor Yes If contributor a principal of a state contractor Yes If contributor a principal of a state contractor Yes Yes						1 '	
Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No No State (Credit/Debit Card Payroll Deduction Money Order New Haven Principal Occupation No No No No No No No					СТ	06511-3	819
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes dependent child of a lobbyist? No No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes Yes No Yes							
dependent child of a lobbyist? No	Graduate Student		Yale University				
fundraising event listed in Section J1? yes, list Event # 101613a	dependent child of a lobbyist? municipality does cont	ributor or business he	e/she is associated with have a	a contract with said	Amour	nt of Contr	ibution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/16/2013 \$100.00	fundraising event listed in Section J1?						\$100.00
Zollo Residential Street Address 193 Dwight St Principal Occupation Library Assistant Name of Employer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: City New Haven Name of Employer Yale University If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? If yes, list Event # Method of contribution: Date Received Aggregate contributions		tion Money Order					
Residential Street Address 193 Dwight St Principal Occupation Library Assistant State CT 06511-4548 Name of Employer Yale University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: City New Haven Name of Employer Yale University If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Vo Is contribution associated with a fundraising event listed in Section J1? Yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	Last Name		First				M.I.
New Haven Principal Occupation Library Assistant If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes VNo Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the contract is with: New Haven	Zollo		Christopher				
Principal Occupation Library Assistant Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000?	Residential Street Address		A 100			1 '	
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? Is this contribution associated with a fundraising event listed in Section J1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions					СТ	06511-4	548
dependent child of a lobbyist? In municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Date Received Aggregate contributions Amount of Contribution Figure 1. Amount of Contribution Amount of Contribution Figure 2. Amount of Contribution Date Received Aggregate contribution							
fundraising event listed in Section J1? Yes If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Executive Legislative	dependent child of a lobbyist? municipality does cont	ributor or business he	e/she is associated with have a	a contract with said	Amour	nt of Contr	ibution
	fundraising event listed in Section J1?	ranch or	<u>_</u>	☐ Yes ✓ No			\$10.00
	Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	tion Money Order		Aggregate contributions \$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

SEEC FORM 20 Rev 1/12

I. MONETARY RECEIPTS (Sections A-K)

Page 101 of 125

NAME OF COMMITTEE			TYPE OF REPORT		
Justin Elicker for Mayor 7 days preceding electio					
K. Miscellaneous Monetary Receipts not Considered Contributions					
Name Date of Transaction				Amount Received	
American Directions Group 10/18/2013					
Street Address	City	State	Zip Code	¢0.400.40	
2525 Drane Field Rd	Lakeland	FL	33811-1354	\$2,128.46	
Description	·	•			
Refund for overpayment on original invoice					

I. MONETARY RECEIPTS (Sections A-K	Page	102	of	125	
NAME OF COMMITTEE	TYPE OF R	EPORT			
Justin Elicker for Mayor	7 days pre	ceding elec	tion		
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

SEEC FORM 20 II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4) Page 103 125 Rev 1/12 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 # Description Date of Fundraiser Letter 10/04/2013 а Cocktail Event Location: Street Address City State Zip Code Subpart 1: (All Committees) ✓ Yes (If yes, go to Section L4 In-Kind Donations not Considered Was this Fundraising event hosted at a personal residence? Contributions and complete required information for purchases No made by host(s) for food, beverage and invitations.) Did this fundraiser include items donated by a business entity of Yes (If yes, go to Section L4 In-Kind Donations not Considered up to \$100 or items donated by an individual of up to \$100? √ No Contributions and complete required information.) Was this fundraiser a tag sale, auction, or other sale of donated Yes (*If yes*, enter Total Receipts here.) items with purchases by an individual of up to \$100? ✓ No Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Yes (If yes, go to Section L3 Purchases of Advertising Space in a Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? V No Program Book or on a Sign and complete required information.) Subpart 3: (Town Committees ONLY) Yes (If yes, enter Total Receipts here.) Did your committee sell food or beverage at a fair or similar mass gathering held within the state? ✓ No Fundraising Event # Description Date of Fundraiser Letter 10/25/2013 Cocktail Event Location: Street Address City Zip Code State New Haven CT 06513 29 Grand Avenue Subpart 1: (All Committees) ✓ Yes (If yes, go to Section L4 In-Kind Donations not Considered Was this Fundraising event hosted at a personal residence? Contributions and complete required information for purchases No made by host(s) for food, beverage and invitations.) Did this fundraiser include items donated by a business entity of Yes (*If yes*, go to Section L4 In-Kind Donations not Considered up to \$100 or items donated by an individual of up to \$100? ✓ No Contributions and complete required information.) Was this fundraiser a tag sale, auction, or other sale of donated Yes (*If yes*, enter Total Receipts here.) items with purchases by an individual of up to \$100? ✓ No Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Yes (*If yes*, go to Section L3 Purchases of Advertising Space in a Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ✓ No Program Book or on a Sign and complete required information.) Subpart 3: (Town Committees ONLY)

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

✓ No

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.)

Rev 1/12

									_
				PE OF REPORT					
Justin Elicker for May	or					7 days prece	ding election	on	_
		L1. Fundraise	r Event l	Inforn	nation				
	Letter a	Description Cocktail Event							
Location: Street Address		Cockian Event	City				State	Zip Code	_
534 Orange St, New	/ Haven						СТ	06511	
Subpart 1: (All Co.	mmittee	<i>es</i>)			(TC + C + C	T 4 T TZ: 1	D .:		
Was this Fundraising event hosted at a personal residence?					(If yes, go to Section Contributions and made by host(s) for	complete requ	iired inforn	nation for purchases	
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 No. 2007). Ontributions and complete required information.)									
		, auction, or other sale of donated		Yes	(If yes, enter Total I	Receints here	.)		
items with purchases by an individual of up to \$100?									
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 Program Book or on a Sign and complete required information.)									
Subpart 3: (Town Committees ONLY) Yes (If yes, enter Total Receipts here.)									
Did your committee s mass gathering held v		or beverage at a fair or similar e state?	<u> </u>	_ ✓ No	(IJ yes, enter 1 otar 1	Receipts here			
	Letter a	Description Meet and Greet Event			CHILD				
Location: Street Address			City	1//			State	Zip Code	
0001			New H	laven			CT	06511	
238 Lawrence St)	20						_
Subpart 1: (All Co. Was this Fundraising		osted at a personal residence?		_	(<i>If yes</i> , go to Section Contributions and a made by host(s) for	complete requ	iired inforn	nation for purchases	
		ems donated by a business entity of by an individual of up to \$100?	[•		(<i>If yes</i> , go to Section Contributions and				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?				Yes No	(If yes, enter Total I	Receipts here	.)		
Subpart 2: (Town	Commi	ttees and Municipal Candidate (Committ	tees O	NLY)				_
Were there purchases on a sign associated v	s of adve with this	rtising space in a program book or fundraiser?		Yes No	(If yes, go to Section Program Book or of information.)	n L3 Purchas on a Sign and	es of Adve complete r	rtising Space in a equired	
Subpart 3: (Town				Yes	(If yes, enter Total I	Receipts here	.)		
Did your committee s mass gathering held v		or beverage at a fair or similar e state?	v	✓ No	()))	p to note			
									_
	_		_						_

SUBTOTAL Section L1-Subpart 1 (All Committees) 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 (Enter total on Line 16a of Summary Page Totals)	\$0.00

Rev 1/12

NAME OF COMMITTE	EE (Pro	vide Complete Name as Registered with	Commission)		TYPE OF REP	ORT	
Justin Elicker for May	yor				7 days prece	ding election	on
		L1. Fundraise	r Event Infori	mation			
Fundraising Event # Date of Fundraiser 10/20/2013	Letter a	Description Home Fundraiser					
Location: Street Address		riome i dilaraisei	City			State	Zip Code
35 Elmwood Road			New Haven			СТ	06515
Subpart 1: (All Co	ommittee	es)	. Vas	(If yes, go to Sectio	n I 4 In-Kind	Donations	s not Considered
Was this Fundraising event hosted at a personal residence?					complete requ	aired inforn	nation for purchases
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							
		, auction, or other sale of donated	Yes	(If yes, enter Total	Receints here	.)	
items with purchases by an individual of up to \$100?			✓ No	(a) yes, enter retar	receipts nore		
Subpart 2: (Town	Commi	ttees and Municipal Candidate (Committees C	ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			☐ Yes ✓ No	(If yes, go to Sectio Program Book or			
				information.)			
Subpart 3: (Town			Yes	(If yes, enter Total	Receipts here	e.)	
Did your committee mass gathering held		or beverage at a fair or similar e state?	✓ No	V COY	•		
Fundraising Event # Date of Fundraiser 10/15/2013	Letter a	Description Meet and Greet Event					
Location: Street Address			City			State	Zip Code
266 Livingston Stre	et		New Haven			СТ	06511
Subpart 1: (All Co		<i>es</i>)		(If was as to Section	n I 4 In Vind	Donation	a not Considered
Was this Fundraising	g event h	osted at a personal residence?		(<i>If yes</i> , go to Sectio Contributions and made by host(s) for	complete requ	aired inforn	nation for purchases
		ems donated by a business entity of by an individual of up to \$100?	☐ Yes	C : 1			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?			☐ Yes ✓ No	(If yes, enter Total	Receipts here	2.)	
Carlos mad 2: (T)	<i>C</i>	4 1 M 1 C 1 1 / /) A / T X /)			
• •	s of adve	ttees and Municipal Candidate (rtising space in a program book or fundraiser?	Yes	(If yes, go to Section			
Subpart 3: (Town			Yes	(If yes, enter Total	Receipts here	:.)	
Did your committee mass gathering held		or beverage at a fair or similar e state?	✓ No	(9,9-2, 22002 2000)			

SUBTOTAL Section L1-Subpart 1 (All Committees) 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 (Enter total on Line 16a of Summary Page Totals)	\$0.00

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II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

Page	106	of	125
- 45	100	0.	

NAME OF COMMITTEE (Provide Complete Name as Registered with	TYPE OF REPORT				
Justin Elicker for Mayor	7 days preceding election	n			
L1. Fundraise	r Event Information				
Fundraising Event # Date of Fundraiser Letter 10/16/2013 b 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?		on L4 In-Kind Donations complete required inform r food, beverage and invita	ation for purchases		
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 (<i>If yes</i> , go to Section L4 In-Kind Donations not Considered No Contributions and complete required information.)			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total	Receipts here.)			
Subpart 2: (Town Committees and Municipal Candidate Committees of advertising space in a program book or on a sign associated with this fundraiser?	Yes (<i>If yes</i> , go to Section	on L3 Purchases of Adver on a Sign and complete re			
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	Yes (<i>If yes</i> , enter Total No	Receipts here.)			

SUBTOTAL Section L1-Subpart 1 (All Committees) 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 (Enter total on Line 16a of Summary Page Totals)	\$0.00

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NAME OF COMMITTEE (Provide Complete name as Registered with Commission)			YPE OF REPORT			
			7 days preceding elect	tion		
		L4. In-Kind I	Donations Not Considered			
Name of Donor						
Christine Bishop						
Street Address			City		State	Zip Code
250 Everit St			New Haven			06511-1309
Donation given by:	Description of Donati			Fair Market V	alue	of Donation
✓ Individual Business Entity	Appetizers, wine					\$100.00
Sole Proprietorship	Date Received 10/04/2013	Event #	Aggregate value for this event			V
	10/04/2013		\$0.0	U		
Name of Donor Christine Bishop						
Street Address			City		State	Zip Code
250 Everit St			New Haven			06511-1309
Donation given by:	Description of Donati	on		Fair Market V		
✓ Individual	Wine, Beer, Appr	etizers		Tun Market V	urue .	
Business Entity	Date Received	Event #	Aggregate value for this event			\$300.00
Sole Proprietorship	10/05/2013	100413a	\$300.0	0		
Name of Donor	1		_			
Nathan Garland						
Street Address			City		State	Zip Code
40 Autumn St			New Haven		CT	06511-2221
Donation given by:	Description of Donati			Fair Market V	alue	of Donation
Individual	Wine and cheese	T				\$100.00
Business Entity Sole Proprietorship	Date Received	Event #	Aggregate value for this event			V
	10/12/2013		\$100.0	0		
Name of Donor Patricia Garland						
Street Address			City		State	Zip Code
40 Autumn St			New Haven		\ -	06511-2221
Donation given by:	Description of Donati	on		Fair Market V		
✓ Individual	Beverages for fur	ndraiser				
Business Entity	Date Received	Event #	Aggregate value for this event			\$100.00
Sole Proprietorship	10/12/2013		\$100.0	0		
Name of Donor			0			
Donald Harvey			C.			
Street Address			City		State	Zip Code
29 Grand Ave	D :: (D ::		New Haven			06513-3905
Donation given by: ✓ Individual	Description of Donati Baked goods, bee			Fair Market V	alue	of Donation
Business Entity						\$120.00
Sole Proprietorship	Date Received 10/27/2013	Event # 102513a	Aggregate value for this event \$120.0			
Name of Donor	10/21/2010	1020100	ψ120.0	<u> </u>		
Oona Hathaway						
Street Address			City		State	Zip Code
266 Livingston St			New Haven		CT	06511-1310
Donation given by:	Description of Donati	on	1	Fair Market V		
✓ Individual	Wine and cheese					¢400.00
Business Entity	Date Received	Event #	Aggregate value for this event			\$120.00
Sole Proprietorship	10/15/2013		\$0.0	0		

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

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NAME OF COMMITT	TEE (Provide Com	olete name as Registered with	Commission)	TYPE OF REPORT		
			7 days preceding ele	ection		
L4. In-Kind Donations Not Considered				r days proceding on	7000011	
Name of Donor		E ii III Itina Bonati	ons riot considered			
Christopher Nicotra						
Street Address			City		State Zip Code	
142 Temple St, Ste			New Haven		CT 06510-2626	
Donation given by: ✓ Individual	Tun number was on Bon			Value of Donation		
Business Entity	Date Received	Event #	A compacts violve for this event	_	\$125.00	
Sole Proprietorship	10/16/2013	101613b	Aggregate value for this event \$125.0	0		
Name of Donor			· · · · · · · · · · · · · · · · · · ·	-		
Robert Pellegrino						
Street Address			City		State Zip Code	
233 W Rock Ave	I =		New Haven	<u> </u>	CT 06515-2130	
Donation given by: ✓ Individual	Description of Donati Wine and Cheese			Fair Market	Value of Donation	
Business Entity	Date Received	Event #	Aggregate value for this event		\$50.00	
Sole Proprietorship	10/24/2013	Byone ii	\$50.0	0		
Name of Donor	I.	I				
Abigail Roth						
Street Address			City		State Zip Code	
324 Audubon Ct Donation given by:	Description of Donati		New Haven	D: M 1 .	CT 06510-1204	
✓ Individual	Baked goods and			Fair Market	Value of Donation	
Business Entity	Date Received	Event #	Aggregate value for this event	_	\$90.00	
Sole Proprietorship	10/24/2013		\$90.0	0		
Name of Donor	•					
Alycia Santilli						
Street Address			City New Haven		State Zip Code CT 06512-5035	
235 Woodward Ave Donation given by:	Description of Donati	on	INEW Haveil	Foir Montret	00012 0000	
✓ Individual	Smores and wine			rair Market	Fair Market Value of Donation	
Business Entity	Date Received	Event #	Aggregate value for this event		\$50.00	
Sole Proprietorship	10/06/2013		\$0.0	0		
Name of Donor				•		
Betsy Schulman						
Street Address 75 Stevenson Rd			City New Haven		State Zip Code CT 06515-2435	
Donation given by:	Description of Donati	on	New Haven	Fair Market	Value of Donation	
✓ Individual	Snacks			Tan Market		
Business Entity	Date Received	Event #	Aggregate value for this event		\$50.00	
Sole Proprietorship	10/15/2013		\$50.0	0		
Name of Donor						
Jane Sikand Edelsto Street Address	elli		City		State 7:- Code	
238 Lawrence St			City New Haven		State Zip Code CT 06511-2419	
Donation given by:	Description of Donati	on		Fair Market	Value of Donation	
✓ Individual	Appetizers, Wine			2 dii iridi Rot		
Business Entity	Date Received	Event #	Aggregate value for this event		\$150.00	
Sole Proprietorship	10/27/2013	102713a	\$150.0	0		

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

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Name of Donor
Pierrette Silverman
Street Address
35 Elmwood Rd
Donation given by:

✓ Individual

Name of Donor
Pierrette Silverman
Street Address

35 Elmwood Rd

Donation given by:

Business Entity

Sole Proprietorship

✓ Individual

Description of Donation

Event #

102013a

Wine and beer

Date Received

10/20/2013

Business Entity

Sole Proprietorship

NAME OF COMMITTEE

Justin Elicker for Mayor

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

City

New Haven

Aggregate value for this event

\$50.00

EE (Provide Co	mplete name as Registere	ed with Commission)	TYPE OF REPORT		
yor 7 d			7 days preceding el	ection	
L4. In-Kind Donations Not Considered					
		G:		T 0	7: 0.1
		City New Haven		State CT	Zip Code 06515-2241
Description of Don	ation		Fair Market	Value	of Donation
Wine and beer					\$50.00
Date Received	Event #	Aggregate value for this event			\$50.00
10/20/2013		\$50.0	വ		

Zip Code

06515-2241

\$50.00

State

СТ

Fair Market Value of Donation

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

NAME OF COMMITTEE TYPE OF REPORT							
Justin Elicker for Mayo	or			7 days preceding e	lection		
	P. Expenses P	aid by Committee					
Name of Payee American Directions	Group		I .	of Payment 0/2013	Method of Payment Check # 1162 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		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with	reimbursement sought B C D E		\$4,526.98	
Name of Payee ATT			I .	of Payment 1/2013	. —	Payment eck #oit Card	
Street Address PO Box 537104		City Atlanta	·		State GA	Zip Code 30353-7104	
Purpose of Expenditure (by code) OVHD	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E				\$27.29		
Name of Payee ATT		4		of Payment 5/2013	. —	Payment eck #	
Street Address PO Box 537104		City Atlanta	OR THE		State GA	Zip Code 30353-7104	
Purpose of Expenditure (by code) OVHD	Description	J His	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent	m P Required Coord		reimbursement sought B C D E		\$27.29	
Name of Payee ATT	40			of Payment 21/2013		Payment eck # bit Card	
Street Address PO Box 537104		City Atlanta			State GA	Zip Code 30353-7104	
Purpose of Expenditure (by code) OVHD	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent			reimbursement sought B C D E		\$30.00	
Name of Payee Cafe Romeo			I	of Payment 8/2013		Payment eck # 1336 oit Card	
Street Address 534 Orange St		City New Haven	·		State CT	Zip Code 06511-3819	
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent			reimbursement sought B C D E		\$159.53	

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

NAME OF COMMITTEE TYPE OF REPORT						
Justin Elicker for Mayo	or			7 days preceding e	lection	
	P. Expenses F	Paid by Committee	;			
Name of Payee Cynthia Chegwidden			- 1	Date of Payment 10/04/2013	Method of Payment Check # 1198 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	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated v	with reimbursement sought B C D E		\$72.00
Name of Payee Clymenza Hawkins			- 1	Date of Payment 10/11/2013	_	Payment eck # 116 oit Card
Street Address 185 Front St		City New Haven	·		State CT	Zip Code 06513-3202
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E					\$166.50
Name of Payee Clymenza Hawkins		47.		Date of Payment 10/18/2013		Payment eck # 1216 oit Card
Street Address 185 Front St		City New Haven	ORT		State CT	Zip Code 06513-3202
Purpose of Expenditure (by code) CNSLT	Description	J HIS	Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent	m P RequiredCoor	dinated v	with reimbursement sought B C D E		\$297.00
Name of Payee Clymenza Hawkins	70		- 1	Date of Payment 10/21/2013		Payment eck # 1212 bit Card
Street Address 185 Front St	(00	City New Haven	•		State CT	Zip Code 06513-3202
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		rdinated v	with reimbursement sought B C D E		\$270.00
Name of Payee Connecticut Rental C	Center		- 1	Date of Payment 10/07/2013	_	Payment eck #oit 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
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		rdinated v	with reimbursement sought BCDDE		\$63.99

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

SEE	EC	F)R	M	2
Pov	1/1	2			

NAME OF COMMITTER	Ξ			TYPE OF REPORT		
Justin Elicker for Mayo	or			7 days preceding e	lection	
	P. Expenses P	aid by Committee	:			
Name of Payee CRN International				e of Payment /23/2013		Payment eck # 1332
Street Address 1 Circular Ave		City Hamden			State CT	Zip Code 06514-4002
Purpose of Expenditure (by code) A-TV	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indeper		A	h reimbursement sought B C D E		\$50,000.00
Name of Payee CRN International				e of Payment /27/2013		Payment eck # 1335 oit Card
Street Address 1 Circular Ave		City Hamden	·		State CT	Zip Code 06514-4002
Purpose of Expenditure (by code) A-RAD	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E					\$13,000.00
Name of Payee Daniel MacDonald				e of Payment /09/2013		Payment eck # 1174 oit Card
Street Address 18 McCormack Dr		City Wolcott	ORT		State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description	LIIS	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indeper		dinated with	h reimbursement sought B C D E		\$220.00
Name of Payee Daniel MacDonald	40			e of Payment /16/2013		Payment eck # 1178 oit Card
Street Address 18 McCormack Dr	(0°	City Wolcott			State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated with	h reimbursement sought B C D E		\$150.00
Name of Payee Daniel MacDonald				e of Payment /23/2013		Payment eck # 1227
Street Address 18 McCormack Dr		City Wolcott	-		State CT	Zip Code 06716-2408
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated with	h reimbursement sought B C D E		\$260.00

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 COMMITTER	3		TYPE OF REPORT	
Justin Elicker for Mayo	or		7 days preceding e	election
	P. Expenses P	Paid by Committee		
Name of Payee DOCUPRINT & IMAG	GING		Date of Payment 10/11/2013	Method of Payment Check # ✓ Debit Card
Street Address		City New Haven	-	State Zip Code CT 06510-1219
27 Whitney Ave		New Haven		00310-1219
Purpose of Expenditure (by code) PRNT	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated with reimbursement sought A B C D E	\$141.85
Name of Payee DOCUPRINT & IMAG	GING		Date of Payment 10/15/2013	Method of Payment Check # Debit Card
Street Address 27 Whitney Ave		City New Haven		State Zip Code CT 06510-1219
Purpose of Expenditure (by code) PRNT	Description		Event #	Amount
Expenditure # (if applicable)	1 Coordinated with reinbursement sought			\$18.47
Name of Payee DOCUPRINT & IMAGING Date of Payment 10/15/2013				Method of Payment Check # Debit Card
Street Address 27 Whitney Ave		City New Haven	ORT .	State Zip Code CT 06510-1219
Purpose of Expenditure (by code) PRNT	Description	J HIS	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent	m P Required Coord	dinated with reimbursement sought A B C D E	\$94.57
Name of Payee Dollar Tree	40		Date of Payment 10/07/2013	Method of Payment Check # ✓ Debit Card
Street Address 420 Universal Dr N	(0)	City North Haven		State Zip Code CT 06473-3174
Purpose of Expenditure (by code) OFFICE	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimbursement sought A B C D E	\$13.83
Name of Payee Dunkin Donuts			Date of Payment 10/24/2013	Method of Payment Check # Debit Card
Street Address 323 Whalley Ave		City New Haven		State Zip Code CT 06511-3140
Purpose of Expenditure (by code) FOOD	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimbursement sought A B C D E	\$29.76

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 Mayo	or			7 days preceding e	lection	
	P. Expenses P	aid by Committee	;			
Name of Payee Facebook			I	of Payment 8/2013	Method of Payment Check # ✓ Debit Card	
Street Address		City	1		State	Zip Code
156 University Ave		Palo Alto			CA	94301-1688
Purpose of Expenditure (by code) WEB	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with r	eimbursement sought B C D E		\$5.74
Name of Payee Frank Pepe Pizza			I	of Payment 2/2013		Payment eck #oit Card
Street Address		City	'		State	Zip Code
157 Wooster St		New Haven			СТ	06511-5709
Purpose of Expenditure (by code) FNDR	Description Pizza for fundraiser		Event # 102013a			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P RequiredCoordinated with reimbursement soughtCoordinated without reimbursement soughtIndependentOrganization:ABCDE					\$245.67
Name of Payee Date of Payment 10/27/2013			Method of Payment Check # 1343 Debit Card			
Street Address		City	04		State	Zip Code
116 Washington Ave	, Ste 3	North Haven			СТ	06473-1721
Purpose of Expenditure (by code) WEB	Description	1115	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated with r	eimbursement sought B C D E		\$245.00
Name of Payee HWA Realty	H ^O		I	of Payment 2/2013		Payment eck # 1333
Street Address PO Box 760	(1)	City Norwalk			State CT	Zip Code
Purpose of Expenditure (by code) OVHD	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with r	eimbursement sought B C D E		\$1,500.00
Name of Payee John Hernandez			l l	of Payment 9/2013		Payment eck # <u>1153</u> oit Card
Street Address 190 Oak Ridge Rd		City Stratford			State CT	Zip Code 06614-1006
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated with r	eimbursement sought B C D E		\$153.00

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

SEE	3	Z	FORM	1	20
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NAME OF COMMITTER	3			TYPE OF REPORT		
Justin Elicker for Mayor 7 days preceding						
	P. Expenses P	aid by Committee				
Name of Payee Joseph Steeves				of Payment 10/2013		Payment eck # 1165
Street Address		City East Haven	'		State CT	Zip Code 06512-2729
73 Charter Oak Ave Purpose of Expenditure	Description		Event #			
(by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E					\$193.50
Name of Payee Joseph Steeves						Payment eck # 1179
Street Address		City	'		State	Zip Code
73 Charter Oak Ave		East Haven			СТ	06512-2729
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent			reimbursement sought B C D E		\$288.50
Name of Payee		_	Date	of Payment	Method of	Payment
Joseph Steeves	ph Steeves 10/23/2013				✓ Che	eck # 1218
Street Address		City	24		State	oit Card Zip Code
73 Charter Oak Ave		East Haven	O ^X		СТ	06512-2729
Purpose of Expenditure (by code) CNSLT	Description	J HIS	Event #			Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendu	m P Required Coord	dinated with	reimbursement sought		\$202.50
(if applicable)	Coordinated without reimbursement sought Indepen	ndent Organization:	A	B C D E		
Name of Payee Jotform	H _O			of Payment 24/2013	_	Payment eck #
Street Address		City			State	Zip Code
11 W Victoria St, Ste	207A	Santa Barbara			CA	93101-5146
Purpose of Expenditure (by code) WEB	Description		Event #			Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendu	m P Required Coor	dinated with	reimbursement sought		\$9.95
(if applicable)	Coordinated without reimbursement sought Indepen		A	В С Б Е		
Name of Payee Julia Silberman				of Payment 07/2013		Payment eck # <u>1159</u> oit 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
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with	reimbursement sought B C D E		\$1,000.00

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

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NAME OF COMMITTE	Е			TYPE OF REPORT		
Justin Elicker for May	or			7 days preceding e	lection	
	P. Expenses I	Paid by Committee	2			
Name of Payee Kathryn Sylvester					Payment eck # 1167 bit Card	
Street Address 270 Wooding Hill Rd		City Bethany	'		State CT	Zip Code 06524-3130
Purpose of Expenditure (by code) CNSLT	xpenditure Description Event #					Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E					\$202.50
Name of Payee Kathryn Sylvester				Date of Payment 10/17/2013		Payment eck # 1213 bit Card
Street Address 270 Wooding Hill Rd		City Bethany	·		State CT	Zip Code 06524-3130
Purpose of Expenditure (by code) CNSLT	Description		Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe			with reimbursement sought B C D E		\$153.00
Name of Payee Kathryn Sylvester		47.		Date of Payment 10/24/2013	_	Payment eck # 1220 bit Card
Street Address 270 Wooding Hill Rd		City Bethany	ORT		State CT	Zip Code 06524-3130
Purpose of Expenditure (by code) CNSLT	Description	J LIE	Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe	nm P Required Coor	rdinated v	with reimbursement sought B C D E		\$238.50
Name of Payee Kyle Buda				Date of Payment 10/16/2013		Payment eck # 1158 bit Card
Street Address 525 Whitney Ave, FI	3	City New Haven	·		State CT	Zip Code 06511-2235
Purpose of Expenditure (by code) CNSLT	Description	I	Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe		rdinated v	with reimbursement sought B C D E		\$1,750.00
Name of Payee Laura Clampitt				Date of Payment 10/15/2013		Payment eck # 1170 bit Card
Street Address 94 Cottage St		City New Haven			State CT	Zip Code 06511-2404
Purpose of Expenditure (by code) CNSLT	Description	1	Event #	#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe			with reimbursement sought B C D E		\$112.50

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

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				TYPE OF REPORT		
Justin Elicker for Mayor 7 days preceding					lection	
	P. Expenses P	aid by Committee				
Name of Payee Laura Clampitt			I	te of Payment 0/25/2013		Payment eck # <u>1215</u> bit Card
Street Address		City New Haven	'		State CT	Zip Code 06511-2404
94 Cottage St		New Haven			CI	06511-2404
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E					\$76.50
Name of Payee Date of Payment 10/18/2013					Payment eck # 1163 bit Card	
Street Address 109 Talcott Rd		City Hartford	·		State CT	Zip Code 06110-1228
Purpose of Expenditure (by code) A-DM	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen			th reimbursement sought B C D E		\$1,060.62
Name of Payee Marketing Solutions U	Inlimited			te of Payment 0/21/2013		Payment eck # 1331 bit Card
Street Address		City Hartford	R		State CT	Zip Code 06110-1228
109 Talcott Rd		панного	0.		CI	06110-1226
Purpose of Expenditure (by code) A-DM	Description	J HIS	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indeper		dinated wit	th reimbursement sought B C D E		\$6,279.58
Name of Payee Marquis Smith			I	te of Payment 0/11/2013		Payment eck # 1173 bit Card
Street Address 1523 Chapel St, Apt 5	505	City New Haven	·		State CT	Zip Code 06511-4343
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indeper		dinated wit	th reimbursement sought B C D E		\$220.50
Name of Payee Marquis Smith			I	te of Payment 0/17/2013		Payment eck # 1176 bit Card
Street Address 1523 Chapel St, Apt 5	505	City New Haven	•		State CT	Zip Code 06511-4343
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated wit	th reimbursement sought B C D E		\$184.50

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

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Rev	1/12	

NAME OF COMMITTER	Ξ		TYPE OF REP	ORT		
Justin Elicker for Mayo	ding election					
	P. Expenses F	Paid by Committee				
Name of Payee Marquis Smith					Method of Payment Check # 1226 Debit Card	
Street Address		City New Haven	·	State CT	Zip Code 06511-4343	
1523 Chapel St, Apt		Trow Flavori			00011 1010	
Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E					
Name of Payee Date of Payment 10/09/2013					Payment eck # 1172 bit Card	
Street Address		City	-	State	Zip Code	
18 McCormack Dr		Wolcott		CT	06716-2408	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent	Coor	linated with reimbursement sou	- I	\$220.50	
Name of Payee Michelle Niederhause	er-Panda	10.	Date of Payment 10/17/2013	✓ Cho	Method of Payment Check # 1211 Debit Card	
Street Address		City	0	State	Zip Code	
18 McCormack Dr		Wolcott	0,	СТ	06716-2408	
Purpose of Expenditure (by code) CNSLT	Description	J HIS	Event #		Amount	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendu	ım P Required Coord	linated with reimbursement sou	ıght	\$153.00	
(if applicable)	Coordinated without reimbursement sought Indepen	ndent Organization:	A B C D	Е		
Name of Payee Michelle Niederhause	er-Panda		Date of Payment 10/24/2013	Method of	Payment eck # 1225	
Street Address		City		State	bit Card Zip Code	
18 McCormack Dr		Wolcott		CT	06716-2408	
Purpose of Expenditure (by code) CNSLT	Description		Event #		Amount	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendu	um P Required Coord	linated with reimbursement sou	ght	\$252.00	
(if applicable)	Coordinated without reimbursement sought Indepen	ndent Organization:	ABCD	Е		
Name of Payee New Bottle Shop			Date of Payment 10/18/2013		Payment eck #bit Card	
Street Address		City	•	State	Zip Code	
492 Orange St		New Haven		СТ	06511-3870	
Purpose of Expenditure (by code) FNDR	Description Beverages for Cafe Romeo event		Event # 101613a		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimbursement sou	ght E	\$6.37	

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

NAME OF COMMITTER	3		TYPE OF REPORT		
Justin Elicker for Mayor 7 days preceding el				lection	
	P. Expenses P	aid by Committee	<u> </u>		
Name of Payee NEW HAVEN PARK	ING METER		Date of Payment 10/07/2013	. —	Payment eck #
Street Address		City	I	State	Zip Code
165 Church St		New Haven		СТ	06510-2010
Purpose of Expenditure (by code) TRVL	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E				\$1.00
Name of Payee Nicholas Gauthier			Date of Payment 10/11/2013		Payment eck # 1175 oit 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 Addendu Coordinated without reimbursement sought Independent		inated with reimbursement sought A B C D E		\$666.00
Name of Payee Nicholas Gauthier			Date of Payment 10/18/2013	_	Payment eck # 1217 oit Card
Street Address		City	0	State	Zip Code
7 Brown St, Unit 1		New Haven		СТ	06511-5744
Purpose of Expenditure (by code) CNSLT	Description	J HIS	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen	m P RequiredCoord	inated with reimbursement sought A B C D E		\$666.00
Name of Payee Nicholas Gauthier			Date of Payment 10/24/2013		Payment eck # 1229 oit Card
Street Address 7 Brown St, Unit 1	(Jo	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 Addendu Coordinated without reimbursement sought Indepen		inated with reimbursement sought A B C D E		\$583.00
Name of Payee Orange St. Liquor			Date of Payment 10/18/2013	. —	Payment eck # oit 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 Addendu Coordinated without reimbursement sought Indepen		inated with reimbursement sought A B C D E		\$134.00

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

192 McLay Ave Purpose of Expenditure (by code) CNSLT

Expenditure #

(if applicable)

Description

SEEC FORM 20 Rev 1/12	IV. EXPENDIT	ΓURES (Sections I	P-T)	Pag	e 120	of 125
NAME OF COMMITTE	E		1	ΓΥΡΕ OF REPORT		
Justin Elicker for May	or		7	days preceding e	lection	
	P. Expenses F	Paid by Committee				
Name of Payee Paypal				Payment 7/2013	. —	f Payment leck # bit Card
Street Address		City Omaha			State NE	Zip Code 68145-0950
PO Box 45950 Purpose of Expenditure (by code) BNK	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe		inated with re	imbursement sought		\$29.77
Name of Payee Pittman Enterprises			Date of 10/21	Payment /2013		f Payment leck # <u>1334</u> bit Card
Street Address 1777 Ella T Grasso E	Blvd	City New Haven			State CT	Zip Code 06511-1600
Purpose of Expenditure (by code) FOOD	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe		inated with re	imbursement sought		\$30.00
Name of Payee Pizza at the Brick Ov	/en			Payment //2013	. —	f Payment leck # bit Card
Street Address 122 Howe St		City New Haven	Se The		State CT	Zip Code 06511-3223
Purpose of Expenditure (by code) FOOD	Description	1 115	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe	Coordi	inated with re	imbursement sought		\$44.85
Name of Payee Pizza at the Brick Ov	/en		Date of 10/24	Payment /2013	. —	f Payment leck # bit Card
Street Address 122 Howe St	(D°	City New Haven	'		State CT	Zip Code 06511-3223
Purpose of Expenditure (by code) FOOD	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe		inated with re	imbursement sought		\$40.00
Name of Payee Ronald Wardell			Date of 10/10	Payment //2013	Method of	f Payment eck # 1169 bit Card
Street Address		City East Haven	1		State CT	Zip Code 06512-1444

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

Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought

Event #

Amount

\$112.50

SEEC FORM 20 Rev 1/12	IV. EXPENDIT	TURES (Sections	P-T)	Pa	ge 121	of	125
NAME OF COMMITTE	EE E			TYPE OF REPORT			
Justin Elicker for May	/or			7 days preceding	election		
	P. Expenses F	Paid by Committee					
Name of Payee Ronald Wardell				te of Payment /17/2013	✓ Cł	of Payment neck # <u>118(</u> ebit Card	
Street Address		City East Haven			State CT	Zip Code 06512-	
192 McLay Ave Purpose of Expenditure	Description		Event #				
(by code) CNSLT	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe		dinated wit	h reimbursement sought B C D E		\$	166.50
Name of Payee Ronald Wardell				te of Payment /24/2013	✓ Cł	of Payment neck # <u>1222</u> ebit Card	2
Street Address 192 McLay Ave		City East Haven	·		State CT	Zip Code 06512-	
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe		dinated wit	h reimbursement sought B C D E		\$	126.00
Name of Payee Staples		40.		te of Payment /07/2013	Cł	of Payment neck #ebit Card	
Street Address 430 Whalley Ave		City New Haven	ORT		State CT	Zip Code 06511-	
Purpose of Expenditure (by code) PRNT	Description	J HIS	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe	Coor	dinated wit	h reimbursement sought B C D E		\$	105.27
Name of Payee Staples				te of Payment /07/2013	Cl	of Payment neck #ebit Card	
Street Address 430 Whalley Ave	(Jo	City New Haven	•		State CT	Zip Code 06511-	
Purpose of Expenditure (by code) PRNT	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe	Coor	dinated wit	h reimbursement sought B C D E		\$	165.88
Name of Payee Staples				te of Payment /15/2013	Cł	of Payment neck #ebit Card	
Street Address		City New Haven			State CT	Zip Code 06511-	

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

Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought

Event #

Amount

\$588.55

430 Whalley Ave
Purpose of Expenditure
(by code) OFFICE

Expenditure #

(if applicable)

Description

SEE	EC	FORM	20
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NAME OF COMMITTER	Ξ		TYPE OF REPORT			
Justin Elicker for Mayo	ayor 7 days preceding e				election	
	P. Expenses F	Paid by Committee				
Name of Payee STOP & SHOP	Date of Payment 10/07/2013 Me		_	Payment eck #oit Card		
Street Address		City	'	State	Zip Code	
150 Whalley Ave, Ste	e 1	New Haven		СТ	06511-3250	
Purpose of Expenditure (by code) FOOD	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimbursement sought A B C D E		\$42.45	
Name of Payee STOP & SHOP			Date of Payment 10/22/2013		Payment eck #oit Card	
Street Address		City	<u> </u>	State	Zip Code	
150 Whalley Ave, Ste	e 1	New Haven		CT	06511-3250	
Purpose of Expenditure (by code) FOOD	Description		Event #		Amount	
Expenditure # (if applicable)	Coordinated with remidurs ement sought				\$33.97	
Name of Payee STOP & SHOP	Date of Payment 10/24/2013		_	Payment eck #oit Card		
Street Address		City	04	State	Zip Code	
150 Whalley Ave, Ste	e 1	New Haven		СТ	06511-3250	
Purpose of Expenditure (by code) FOOD	Description	1115	Event #		Amount	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendu	ım P Required Coord	dinated with reimbursement sought	1	\$14.97	
(if applicable)	Coordinated without reimbursement sought Indepen	ndent Organization:	\square A \square B \square C \square D \square E			
Name of Payee STOP & SHOP	30		Date of Payment 10/27/2013	_	eck #	
Street Address	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	City		✓ Del State	zip Code	
150 Whalley Ave, Ste	a 1	New Haven		СТ	06511-3250	
Purpose of Expenditure (by code) FOOD	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu		dinated with reimbursement sought	-	\$27.94	
	Coordinated without reimbursement sought Independent	ndent Organization:	A B C D E			
Name of Payee The Wine Thief			Date of Payment 10/07/2013		Payment eck # bit 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	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimbursement sought A B C D E		\$27.65	

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

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NAME OF COMMITTER	AME OF COMMITTEE TYPE OF REPORT					
Justin Elicker for Mayor 7 days preceding				7 days preceding e	lection	
	P. Expenses P	aid by Committee				
Name of Payee USPS				Date of Payment 10/07/2013		Payment eck #oit Card
Street Address 206 Elm St		City New Haven			State CT	Zip Code 06520-9251
Purpose of Expenditure (by code) POST	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated A	with reimbursement sought B C D E		\$99.00
Name of Payee USPS				Date of Payment 10/09/2013		Payment eck # bit Card
Street Address 206 Elm St		City New Haven	•		State CT	Zip Code 06520-9251
Purpose of Expenditure (by code) POST	Description		Event	t #		Amount
Expenditure # (if applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E				\$99.00		
Name of Payee USPS				Payment eck # oit Card		
Street Address		City New Haven	08.7		State CT	Zip Code 06520-9251
Purpose of Expenditure (by code) POST	Description	LIIS	Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen	m P Required Coordinated Organization:	dinated	with reimbursement sought B C D E		\$19.95
Name of Payee Varick Church				Date of Payment 10/10/2013		Payment eck # 1157 oit Card
Street Address 246 Dixwell Ave	(0°	City New Haven	•		State CT	Zip Code 06511-3418
Purpose of Expenditure (by code) A-OTH	Description Table Rental		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepen		dinated	with reimbursement sought B C D E		\$250.00
Name of Payee Victor Deluca				Date of Payment 10/11/2013		Payment eck # 1164 oit Card
Street Address 55 Thompson St, Apr	t 6E	City East Haven			State CT	Zip Code 06513-1936
Purpose of Expenditure (by code) CNSLT	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated A	with reimbursement sought B C D E		\$345.00

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

NAME OF COMMITTEE TYPE OF REPORT							
stin Elicker for Mayor 7 days preceding 6			lection				
	P. Expenses P	aid by Committee	;				
Name of Payee Victor Deluca	Date of Payment 10/17/2013		Method of Payment Check # 1177 Debit Card				
Street Address 55 Thompson St, Apr	- SE			State CT	Zip Code 06513-1936		
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount	
Expenditure # (if applicable)	Coordinated with reinibursement sought			\$360.00			
Name of Payee Victor Deluca			Date of Par 10/24/20		V	of Payment Check # 1228 Debit Card	
Street Address 55 Thompson St, Apr	t 6E	City East Haven	·		State CT	Zip Code 06513-1936	
Purpose of Expenditure (by code) CNSLT	Description	Event #			Amount		
Expenditure # (if applicable)	1 Coordinated with reimbursement sought 1			\$140.00			
Name of Payee Walgreens	Date of Payment 10/15/2013			of Payment Check # Debit Card			
Street Address 436 Whalley Ave		City New Haven	OR THE		State CT	Zip Code 06511-3012	
Purpose of Expenditure (by code) OVHD	Description Phone rental	Event #			Amount		
Expenditure # (if applicable)	Coordinated with remidurs ement sought			\$34.01			
Name of Payee Walter Morton			Method of Payment Check # 1168 Debit Card				
Street Address 359 Elm St	(0)	City West Haven	Haven		State CT	Zip Code 06516-4334	
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimb	C		\$324.00	
Name of Payee Walter Morton			Date of Pav 10/18/20		V	of Payment Check # <u>1214</u> 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	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent		dinated with reimb	ursement sought C D E	\$396.50		

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

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NAME OF COMMITTEE TYPE OF REPORT							
Justin Elicker for Mayor 7 days preceding 6			election				
	P. Expenses I	Paid by Committee					
Name of Payee Walter Morton			I	of Payment 25/2013	Method of Payment Check # 1221 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			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: A B C D E			\$31.50			
Name of Payee Albomonte Wilson		Date of Payment 10/11/2013		Method of Payment Check # 1171 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		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe	Coord	dinated with	reimbursement sought B C D E		\$216.00	
Name of Payee Albomonte Wilson		Date of Payment 10/25/2013		Method of Payment ✓ Check # 1224 Debit Card			
Street Address 44 Robinson St		City New London	OR T		State CT	Zip Code 06320-5425	
Purpose of Expenditure (by code) CNSLT	Description	J His	Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Indepe	Coord	dinated with	reimbursement sought B C D E	_		

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