

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

DEBICELLA FOR CONGRESS 2014

ADDRESS (number and street) ▼

P.O. BOX 369

Check if different than previously reported. (ACC)

FAIRFIELD

CT

06824

2. **FEC IDENTIFICATION NUMBER** ▼

C C00549527

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CT

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DEBICELLA FOR CONGRESS 2014

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	120405.00	1292103.00
(b) Total Contribution Refunds (from Line 20(d))	8200.00	39000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	112205.00	1253103.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	136817.35	1169500.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	136817.35	1169500.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	41134.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

DEBICELLA FOR CONGRESS 2014

Report Covering the Period: From: / / To: / /

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="105830.00"/>	<input type="text" value="1180315.00"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="9075.00"/>	<input type="text" value="78188.00"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="114905.00"/>	<input type="text" value="1258503.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="5500.00"/>	<input type="text" value="33600.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
120405.00	1292103.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
120405.00	1292103.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

DEBICELLA FOR CONGRESS 2014

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="136817.35"/>	<input type="text" value="1169500.89"/>	<input type="text" value="41867.89"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="8200.00"/>	<input type="text" value="39000.00"/>	<input type="text" value="100.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

8200.00	39000.00	100.00
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21. OTHER DISBURSEMENTS

0.00	500.00	0.00
------	--------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

145017.35	1209000.89	41967.89
-----------	------------	----------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

112205.00	1253103.00	-100.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

136817.35	1169500.89	41867.89
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	65746.57
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	120405.00
25. SUBTOTAL (add Line 23 and Line 24).....	186151.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145017.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	41134.22

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ANDREW ALISBERG

Mailing Address 12 DEWART RD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9941

Amount of Each Receipt this Period
140.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J ARAUJO

Mailing Address 138 WALNUT TREE HILL ROAD

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer SIKORSKY AIRCROFT Occupation DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10047

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
NANCY ARMSTRONG

Mailing Address 131 MEADOW ROAD

City RIVERSIDE State CT Zip Code 06878

FEC ID number of contributing federal political committee. **C**

Name of Employer MAKERS Occupation PRODUCER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.8831

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1440.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
THOMAS AURAY

Mailing Address 15 FLAT ROCK ROAD

City EASTON State CT Zip Code 06612

FEC ID number of contributing federal political committee. **C**

Name of Employer BRIDGEPORT FITTINGS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9982

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
JAMES E BACON

Mailing Address 1115 MEADOW RIDGE

City REDDING State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.9897

Amount of Each Receipt this Period
 _____ 100.00

C. Full Name (Last, First, Middle Initial)
MR. DRUMMOND BELL

Mailing Address 72 WILLOW STREET

City SOUTHPORT State CT Zip Code 06890

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9191

Amount of Each Receipt this Period
 _____ 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 1350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) PETER L BERRY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 26 BRUSH ISLAND ROAD		Transaction ID : SA11AI.9162
City DARIEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MERRILL LYNCH	Occupation FINANCIAL ADVISOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) ROBERT DAVID BEWKES		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 1 WHEAT LANE		Transaction ID : SA11AI.10097
City DARIEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KELLY ASSOCIATES	Occupation REAL ESTATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00	

Full Name (Last, First, Middle Initial) JONATHAN BITTING		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 1051 WEED ST.		Transaction ID : SA11AI.9977
City NEW CANAAN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
JAMES BLAKEMAN

Mailing Address 96 BIG HORN ROAD

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.10041

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SUSAN BOYLE

Mailing Address 158 ZACCHEUS MEAD LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.9878

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JANE F BRANIGAN

Mailing Address 26 DEEPWOOD RD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.9814

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ROSEANNE BRENNAN

Mailing Address **6 OAK GLEN DRIVE**

City **SHELTON** State **CT** Zip Code **06484**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WOLLMAN GERHKE & SOLOMON** Occupation **OPERATING OFFICER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.9972

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRANDI BRIGGS

Mailing Address **2 RAINEY LANE**

City **WESTPORT** State **CT** Zip Code **06880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9810

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MARK A BROACH

Mailing Address **97 BORGLUM RD**

City **WILTON** State **CT** Zip Code **06897**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MANATUCK HILL PARTNERS** Occupation **FUND MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.8828

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 117
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
CRAIG BRODERICK

Mailing Address 5 PERKINS RD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. C

Name of Employer GOLDMAN SACHS Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
EDWIN H BROOKS

Mailing Address 11 HARBOR BLUFF LANE

City NORWALK State CT Zip Code 06853

FEC ID number of contributing federal political committee. C

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.10090

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE J BRUNOLI

Mailing Address 524 ANTELOPE TRL

City HUNTINGTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9958

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
WILLIAM BRYANT Jr.

Mailing Address 50 GUARDS ROAD

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer THOMPSON HORTSMAN BRYANT Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9123

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
EILEEN S BUCKLEY

Mailing Address 248 LYONS PLAIN RD

City WESTON State CT Zip Code 06883

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.10027

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. ROBERT P BURKE

Mailing Address 625 RIDGEBURY RD

City RIDGEFIELD State CT Zip Code 06877

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9193

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
CHARLOTTE BURTON

Mailing Address 21 INDIAN SPRING ROAD

City State Zip Code
ROWAYTON CT 06853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JM LONGYEAR LLC CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9196

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. GEORGE M CAIN

Mailing Address PO BOX 369

City State Zip Code
RIVERSIDE CT 06878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.9966

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARK CAMEL

Mailing Address 47 BEECHCROFT ROAD

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ONS NEUROSURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10117

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ERIN CANDLER

Mailing Address 11 BEECH TREE HILL RD

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PEOPLE'S SECURITIES FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9950

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
DAVID B CHARNIN

Mailing Address 11 EDGERTON CT

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STRATEGIC VALUE PARTNERS LLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.10039

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLTON CHATFIELD

Mailing Address 12 CORRIGAN LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JP MORGAN BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.10044

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
TIM CICCHESE

Mailing Address **46 POWDERMAKER DRIVE**

City **RIDGEFIELD** State **CT** Zip Code **06877**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PREMIER** Occupation **BUSINESS OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9864

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
GREGG CLARK

Mailing Address **8 WILLOWMERE AVE**

City **RIVERSIDE** State **CT** Zip Code **06878**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ERNST & YOUNG** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.10111

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HAROLD E CLARK

Mailing Address **28 WILTON CREST**

City **WILTON** State **CT** Zip Code **06897**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTHEAST RADIOLOGY** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.9734

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

625.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
HAROLD E CLARK

Mailing Address **28 WILTON CREST**

City **WILTON** State **CT** Zip Code **06897**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTHEAST RADIOLOGY** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.9738

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN M CLARK

Mailing Address **130 PECKSLAND RD**

City **GREENWICH** State **CT** Zip Code **06831**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.10122

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DON CLENDENIN

Mailing Address **1073 SUNSET ROAD**

City **STAMFORD, CT** State **CT** Zip Code **06903**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STARWOOD HOTELS & RESORTS** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9918

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

625.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
BRYAN CORBETT

Mailing Address 109 QUINCY ST

City State Zip Code
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE CARLYLE GROUP INVESTMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.9993

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RONALD COWEN

Mailing Address 61 SEAVIEW AVE #4

City State Zip Code
STAMFORD CT 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FANNING ENTERPRISES INC MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10014

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN P COYKENDALL

Mailing Address 28 ISLAND WAY

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DELOITTE CONSULTING PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2014

Transaction ID : SA11AI.10078

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ALEXANDER I CRAWFORD

Mailing Address 11 PINE RIDGE RD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer LORD, ABBETT Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9153

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARK CURTIS

Mailing Address 18 SOMERSET LANE

City RIVERSIDE State CT Zip Code 06878

FEC ID number of contributing federal political committee. **C**

Name of Employer SPLASH Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9891

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. ALVARO L DASILVA

Mailing Address 1 BARE LOCH WAY

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer SHELTON FOOD, INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10048

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. TOM DAYTON		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 8254 BLAIR LANE		Transaction ID : SA11AI.9988	
City GERMANTOWN	State TN	Zip Code 38139	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer QUALITY VENDING SERVICE LLC	Occupation MANAGING DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. NICK DECARLO		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 264 CRESTWOOD RD		Transaction ID : SA11AI.9914	
City FAIRFIELD	State CT	Zip Code 06824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer TIME INC	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. DAVID DECKER		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 7 CROSS RIDGE DRIVE		Transaction ID : SA11AI.10076	
City OLD GREENWICH	State CT	Zip Code 06870	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer UBS SECURITIES LLC	Occupation INVESTMENT RESEARCH		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
LYMAN DELANO

Mailing Address 143 OLD CHURCH ROAD

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BECK MACK & OLIVER LLC MONEY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.10055

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
LYMAN DELANO

Mailing Address 143 OLD CHURCH ROAD

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BECK MACK & OLIVER LLC MONEY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10070

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PATRICIA DEL BELLO

Mailing Address 6 BERMUDA ROAD

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2014

Transaction ID : SA11AI.8836

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
LAURA EHLERS

Mailing Address 38 PEMBROOK ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TCC CHICAGO MANAGEMENT CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.10063

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
LARRY ELLIS

Mailing Address 23 MACINTOSH DR

City State Zip Code
OXFORD CT 06478

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
E AND E QUALITY HOMES LLC CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9921

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN ERCOLINI

Mailing Address 195 BRIDLE PATH

City State Zip Code
NORTH ANDOVER MA 01845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEE 55, INC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. ROBERT ERCOLINI		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 195 BRIDLE PATH		Transaction ID : SA11AI.10000	
City NORTH ANDOVER	State MA	Zip Code 01845	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer KEE 55, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM JOSEPH FERGUSON		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 16 MARIANNE RD		Transaction ID : SA11AI.10065	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer B & G VENTURES, LLC.	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. JONATHAN CHARLES FERNANDEZ		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 291 RUANE STREET		Transaction ID : SA11AI.10030	
City FAIRFIELD	State CT	Zip Code 06824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BRIDGEWATER ASSOCIATES	Occupation MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	[]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. RICHARD D FIELD

Mailing Address 49 LOCUST AVENUE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10098

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS P FIELDS

Mailing Address 100 MIDWOOD RD

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.9906

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. RAY P FOOTE

Mailing Address 504 RIVER WEST

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.10153

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. JENNIFER L FOSTER

Mailing Address 36 CROOKED MILE RD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHILTON INVESTMENT CO. EQUITY ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.10100

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JEFFREY FRASE

Mailing Address 21 BYFIELD LANE

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NOBLE AMERICAS TRADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.9140

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
RICHARD G FRIEDMAN

Mailing Address 738 FLINTLOCK RD

City State Zip Code
SOUTHPORT CT 06890

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOAB OIL INC BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10113

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 117
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
CLARKE BRANNEN FUTCH

Mailing Address 9 TINKER LANE

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEALTHCARE ROYALTY MANAGEMENT, LLC INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9197

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MS. GRACE GAMBLE

Mailing Address 507 SMITH RIDGE ROAD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GAMBLE AVIATION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10050

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
HELEN B GARRITY

Mailing Address 100 PARROTT DR

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEXSPRING GROUP LLC SR. MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.9142

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
R. DAVID GENOVESE

Mailing Address 15 BAYWATER DRIVE

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYWATER PROPERTIES Occupation REAL ESTATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.10095

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LOUIS GIMBEL

Mailing Address 11 MOUNTAIN WOOD DRIVE

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer S. S. STEINER, INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10021

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CAROL GLASSMEYER

Mailing Address 4 COVES END ROAD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.10061

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
GEORGE GREEN

Mailing Address 72 SHERWOOD AVE

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9154

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RUSSELL J GREENBERG

Mailing Address 15 MICHAELS WAY

City WESTON State CT Zip Code 06883

FEC ID number of contributing federal political committee. **C**

Name of Employer ALTUS CAPITAL PARTNERS Occupation INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.10096

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM GREGORY

Mailing Address 531 LAKE AVENUE

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer GREGORY & HOEMEMEYER INC Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9135

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
CHARLES HABERSTROH

Mailing Address 3 HERMIT CT

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer CASTLEKEEP INVESTMENT ADVISORS Occupation INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10112

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. KEN HALABY

Mailing Address 24 COVENTRY LN

City TRUMBULL State CT Zip Code 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.9998

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA HARGER

Mailing Address 26 MEADOWRIDGE DRIVE

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer ST. JOSEPH CHURCH Occupation OFFICE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9869

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SUSAN HARTONG

Mailing Address 71 PARISH LANE

City State Zip Code
NEW CANAAN NJ 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.10087

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HENRY DARRELL HARVEY

Mailing Address 18 PEACH HILL ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE ASHFORTH COMPANY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.10124

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MR. MATTHEW M HEISLER

Mailing Address 167 IMPERIAL AVE

City State Zip Code
WESPORT CT 06880

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MERRILL LYNCH ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.10074

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. CAROLYN HELDERMAN		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 322 HARBOR ROAD		Transaction ID : SA11AI.10031	
City SOUTHPORT	State CT	Zip Code 06890	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. RAYMOND HENZE		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 71 OTTER ROCK DR		Transaction ID : SA11AI.10026	
City GREENWICH	State CT	Zip Code 06830	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. THOMAS A HERRMANN		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 75 KELLERS FARM ROAD		Transaction ID : SA11AI.8832	
City EASTON	State CT	Zip Code 06612	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer STANWICH PARTNERS LLC	Occupation PRIVATE EQUITY		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1500.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. JENNIFER M HILL

Mailing Address **1 BRYANT PARK**
FL 19

City **NEW YORK** State **NY** Zip Code **10036**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BANK OF AMERICA MERRILL LYNCH** Occupation **BANKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10067

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER HOCKER

Mailing Address **45 PICKETTS RIDGE ROAD**

City **REDDING** State **CT** Zip Code **06896**

FEC ID number of contributing federal political committee. **C**

Name of Employer **POWERBRIDGE, LLC** Occupation **VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9829

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LINHERR HOLLINGSWORTH

Mailing Address **76 FIVE MILE RIVER RD**

City **DARIEN** State **CT** Zip Code **06820**

FEC ID number of contributing federal political committee. **C**

Name of Employer **66 FORT POINT STREET LLC** Occupation **BUILDING OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.9991

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SANDRA HORBACH

Mailing Address **262 CENTRAL PARK
WEST 11A**

City **NEW YORK** State **NY** Zip Code **10024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE CARLYLE GROUP** Occupation **MANAGING DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.9148

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT HOTCHKISS

Mailing Address **144 INDIAN HEAD RD**

City **RIVERSIDE** State **CT** Zip Code **06878**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9125

Amount of Each Receipt this Period
1600.00

C. Full Name (Last, First, Middle Initial)
JOHN C HOWE

Mailing Address **4 WINDING LANE**

City **WESTPORT** State **CT** Zip Code **06880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PATRIOT GROUP** Occupation **FOUNDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.9194

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PETER JACULLO

Mailing Address **61 HIGH RIDGE AVE**

City **RIDGEFIELD** State **CT** Zip Code **06877**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PRIVATE INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.9989

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
REDINGTON JAHNCKE

Mailing Address **1 JUNIPER HILL ROAD**
P.O. BOX 953

City **GREENWICH** State **CT** Zip Code **06830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE TOWNSEND GROUP INTL, LLC** Occupation **CONSULTING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.10038

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS JASPER

Mailing Address **90 EAST ELM STREET**

City **GREENWICH** State **CT** Zip Code **06830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MANURSING ZPARTNERS LLC** Occupation **MANAGING PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9985

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
JEFFREY JENNINGS

Mailing Address 15 WITHERELL DRIVE

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer CLIFTON BROKERAGE CORPORATION Occupation INSURANCE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **925.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.9748

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JEFFREY JENNINGS

Mailing Address 15 WITHERELL DRIVE

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer CLIFTON BROKERAGE CORPORATION Occupation INSURANCE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.9766

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
KURT JETTA

Mailing Address 28 WHIPPORWILL DRIVE

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer TABS GROUP, INC. Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.9967

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Mr. C LINCOLN JEWETT

Mailing Address 537 MIDDLESEX AVE

City State Zip Code
JEWETT CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9905

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
J. ROBERT JONES

Mailing Address 9 HILLSIDE RD

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUFF POINT ASSOCIATES PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9192

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PHILIP J JONES

Mailing Address 605 WALNUT TREE HILL RD

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JONES FAMILY FARM FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10084

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. SUSAN S JONES

Mailing Address 450 ROSEMEADE LN

City State Zip Code
NAPLES FL 34105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JONES FAMILY LIMITED PARTNERSHIP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.9996

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TERRY H JONES

Mailing Address 606 WALNUT TREE HILL RD

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.10053

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR. LIONEL KALIFF

Mailing Address 91 DOGWOOD LN

City State Zip Code
NEW CANNAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KALIFF FAMILY LIMITED PARTNERSHIP II PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.10072

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 117
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
RICHARD KESSLER

Mailing Address 115 MASON STREET

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11A1.9981

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. SHERRI C KIELLAND

Mailing Address 738 WEED STREET

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer BROTHERHOOD KIELLAND SHERRI Occupation LABOR UNION ORGANIZER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11A1.9979

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES EDWARD KJORLIEN

Mailing Address 540 WEST ROAD

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer EDISON CAPITAL LLC Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11A1.10034

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL KNIGHT

Mailing Address 7 CRESCENT LANE

City State Zip Code
TRUMBULL CT 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.10032

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LORI KONOLIGE

Mailing Address 40 Ettl Lane

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PR CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9761

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
LORI KONOLIGE

Mailing Address 40 Ettl Lane

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PR CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9762

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. CHARLES A. KOONS

Mailing Address 75 MAYWOOD RD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer MAYWOOD ADVISORS, LLC Occupation FINANCIAL EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.10028

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHRISTOFFEL KREDIET

Mailing Address 130 LONG NECK POINT ROAD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer CF CAPITAL Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.10033

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ARTHUR LANDI

Mailing Address 20 MOORELAND ROAD

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer DISPLAY PRODUCERS INC Occupation INDUSTRIAL DESIGNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.9175

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SCOTT J LASHELLE

Mailing Address 429 SILVERMINE RD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREAT EASTERN ENERGY TRADING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 30 2014

Transaction ID : SA11AI.10119

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HEIDI LAUB

Mailing Address 112 TURTLE BACK ROAD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 01 2014

Transaction ID : SA11AI.10126

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BILL LAVERACK

Mailing Address 141 BRISCOE RD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.9127

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. STANLEY LEE		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 85 BENTWOOD DRIVE		Transaction ID : SA11AI.9809	
City STAMFORD	State CT	Zip Code 06903	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer NEUBERGER BERMAN	Occupation INVESTMENT MANAGEMENT.		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

Full Name (Last, First, Middle Initial) B. GREGORY LESKO		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 11 HUMMINGBIRD LANE		Transaction ID : SA11AI.10011	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer DELTEC ASSET MANAGEMENT	Occupation INVESTMENT ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. PETER LEVY		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 551 FIFTH AVE		Transaction ID : SA11AI.8846	
City NEW YORK	State NY	Zip Code 10176	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer KAMBER MANAGEMENT CO	Occupation REAL ESTATE MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
JOHN LITTLEFIELD

Mailing Address 250 EAST 54TH ST. - 21A

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JPMORGAN CHASE & CO. FINANCIAL SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 29 2014

Transaction ID : SA11AI.10115

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES A LONG

Mailing Address 64 SAINT NICHOLAS RD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 29 2014

Transaction ID : SA11AI.10019

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. FLORENCE LOZYNIAK

Mailing Address 41 HERMIT LN

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 04 2014

Transaction ID : SA11AI.10143

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. MS. SUSAN E. LYNCH		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 8 BAYBERRY LANE		Transaction ID : SA11AI.9922	
City GREENWICH	State CT	Zip Code 06831	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) B. MR. FRANK LYON		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 734 OENOKE RIDGE ROAD		Transaction ID : SA11AI.10081	
City NEW CANAAN	State CT	Zip Code 06840	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. ROBERT MAGGARD		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 103 CLEARVIEW LANE		Transaction ID : SA11AI.9218	
City NEW CANAAN	State CT	Zip Code 06840	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer CLYDE POWER GROUP LLC	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1600.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SERGIO G MANIMBO

Mailing Address 719 PONUS RIDGE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10024

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID D MANSON

Mailing Address 322 RIVERDALE DR

City State Zip Code
STRATFORD CT 06615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
D+M MANSON ELECTRIC CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.9949

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
ALBERTO MARCHIONNI

Mailing Address 956 MONROE TPKE

City State Zip Code
MONROE CT 06468

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9833

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. THOMAS F MARKEY

Mailing Address 730 SMITH RIDGE ROAD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORGAN STANLEY FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.8840

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBET MARONEY

Mailing Address PO BOX 414

City State Zip Code
FISHKILL NY 12524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CONNECTICUT INVESTMENTS LLC ASSET MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.10132

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. PETER M MARSCHALK

Mailing Address 70 FABLE FARM ROAD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.10083

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DAVID MATHUS

Mailing Address 998 POND MEADOW ROAD

City WESTBROOK State CT Zip Code 06498

FEC ID number of contributing federal political committee. **C**

Name of Employer MCDERMOTT WILL & EMERY LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.10089

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. LAURIE MCARDLE

Mailing Address 267 BROOKBEND ROAD

City FAIRFIELD State CT Zip Code 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10023

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID MCCARTHY

Mailing Address 38 NEARWATER RD

City NORWALK State CT Zip Code 06853

FEC ID number of contributing federal political committee. **C**

Name of Employer IBM Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.10088

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
JOSEPH MCCARTIN

Mailing Address 146 KINGS HWY N

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer BRIDGEWATER ASSOC. Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.10110

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BERNARD H MCGORTY

Mailing Address 30 WIGWAM DR

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer WILLIAM RAVEIS Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.9970

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS K MCINERNEY

Mailing Address 45 BENNINGTON PL

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.9946

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
RICHARD F MCKNIGHT

Mailing Address 320 OLD OAKS RD

City State Zip Code
FAIRFIELD CT 06825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCKNIGHT SERVICES LLC DBA THE MCKNIC EXECUTIVE SEARCH CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9855

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARTIN MCLAUGHLIN

Mailing Address 356 VALLEY RD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UBS FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.10042

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
ROBERT MCMULLAN

Mailing Address 120 CHRISTIE HILL ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLACKSTONE FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.10130

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
JOHN MCNAMARA

Mailing Address 69 ST NICHOLAS ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAITHNESS CORP FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9201

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. ROSE MARIE MELISI

Mailing Address 75 MULBERRY LN

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.10057

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
CAROL MEMISHIAN

Mailing Address 450 ROUND HILL ROAD

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.8843

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
STEPHEN MEMISHIAN

Mailing Address 450 ROUND HILL ROAD

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer DSM CAPITAL PARTNERS Occupation INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.8842

Amount of Each Receipt this Period
1600.00

B. Full Name (Last, First, Middle Initial)
MS. HILLARY B MILLER

Mailing Address 5 TOKENEKE BEACH DR

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.10104

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS D MILNE

Mailing Address 100 CHRISTIE HILL ROAD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.9994

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
GARY H MIYASHIRO

Mailing Address 41 SULLIVAN DR

City WEST REDDING State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9935

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
THOMAS J MONAHAN

Mailing Address 46 DOGWOOD LANE

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.9942

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
GEORGE BERMEJILLO MOORE

Mailing Address 579 FROGTOWN RD

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer MERRILL LYNCH Occupation INVESTMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.10029

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SUSAN M MORAN

Mailing Address 13 GREENLEA LANE

City WESTON State CT Zip Code 06883

FEC ID number of contributing federal political committee. **C**

Name of Employer DOW JONES Occupation MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9953

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
STANLEY B MORTEN

Mailing Address 290 SASCO HILL RD

City FAIRFIELD State CT Zip Code 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation INVESTOR/CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.10105

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN MULLIGAN

Mailing Address 998 FAIRFIELD BEACH RD

City FAIRFIELD State CT Zip Code 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer ALTRIA GROUP, INC. Occupation CORPORATE FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9984

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
LINDA MUNGER

Mailing Address 16 KNOLLWOOD DRIVE

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.10091

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD L MURPHY

Mailing Address 40 W. ELM STREET - 4F

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer ALTAMAR CAPITAL Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9910

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL P MURRAY

Mailing Address 11 MILES RD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer IVEY, BARNUM & O'MARA Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.10069

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PAUL A MYERSON

Mailing Address 7 SEA SPRAY RD

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.10118

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
Mr. KENNETH F. NAPPI

Mailing Address 42 PERCH ROAD

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer CENTER STAGE THEATRE, INC. Occupation BOARD CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10054

Amount of Each Receipt this Period
 _____ 300.00

C. Full Name (Last, First, Middle Initial)
PHYLLIS NICHOLAS

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9859

Amount of Each Receipt this Period
 _____ 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DIANE PARRISH

Mailing Address **2 POND ROAD**

City **WESTPORT** State **CT** Zip Code **06880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10013

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KYLE PHILLIPS

Mailing Address **6 CROSS CREEK LANE**

City **SEYMOUT** State **CT** Zip Code **06477**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALLSTATE INSURANCE** Occupation **AGENCY OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9883

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DARREN PLEASANCE

Mailing Address **61402 DAVIS LAKE LOOP**

City **BEND** State **OR** Zip Code **97702**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GOOGLE, INC** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.10022

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. MS. NATALIE PRAY		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 465 PARK AVE		Transaction ID : SA11AI.8845	
City NEW YORK	State NY	Zip Code 10022	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. JOHN R RABEN		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 40 WEST ELM STREET APT 6B		Transaction ID : SA11AI.9890	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 825.00		

Full Name (Last, First, Middle Initial) C. JOHN R RABEN		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 40 WEST ELM STREET APT 6B		Transaction ID : SA11AI.9830	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 875.00		

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. TODD D RAKER

Mailing Address 20 HORSESHOE RD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WASABI REALTY CORP I, LLC. PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10007

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN A RAMIA

Mailing Address 195 BIRDSEYE RD

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CITY OF SHELTON SENIOR CENTER DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.9925

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROBERT REED

Mailing Address 36 ST. NICHOLAS RD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RMG NETWORKS MEDIA SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.9789

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DOUGLAS M REID

Mailing Address 258 MULBERRY HILL RD

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 28 2014

Transaction ID : SA11AI.9902

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
L. GEORGE RIEGER

Mailing Address 28 HOME PLACE C 2

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENWICH INVESTMENT MANAGEMENT WHITE COLLAR WORKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 19 2014

Transaction ID : SA11AI.10077

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
L. GEORGE RIEGER

Mailing Address 28 HOME PLACE C 2

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENWICH INVESTMENT MANAGEMENT WHITE COLLAR WORKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 28 2014

Transaction ID : SA11AI.10012

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
NANCY ANNE RIEGER

Mailing Address 28 HOME PLACE C 2

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014

Transaction ID : SA11AI.10001

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ANTONIO RIERA

Mailing Address 163 STANWICH ROAD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer THE BOSTON CONSULTING GROUP Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.9969

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH J RUCCI JR

Mailing Address 51 NORHOLT DR

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer RUCCI LAW GROUP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10079

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
WILLIAM D RUECKERT

Mailing Address 850 HULL FARM ROAD

City SOUTHPORT State CT Zip Code 06890

FEC ID number of contributing federal political committee. **C**

Name of Employer OYSTER GROUP LLC Occupation BUSINESS EXEC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9901

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
GEORGE J RYAN

Mailing Address 25 TOWER LANE

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.9926

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOSEPH J SALEMME

Mailing Address 31 SOUND RIDGE RD

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer CT WASTE TRANSFER Occupation AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10045

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
VIRGINIA V SANFORD

Mailing Address P.O. BOX 504

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.9832

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. JOHN SANTA

Mailing Address PO BOX 481
33 CHESTER PLACE

City State Zip Code
SOUTHPORT CT 06890

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED QUALITY ASSURANCE CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.9974

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JANET SARGENT

Mailing Address 1 DORCHESTER ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.9160

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. JOHN H SARGENT

Mailing Address 123 ZACCHEUS MEAD LANE

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer MORGAN STANLEY Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.9174

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE W SCHIELE

Mailing Address 19 HILL RD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer GW SCHIELE, INC Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1290.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9778

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
ERIBERTO R SCOCIMARA

Mailing Address 16 LAUREL LANE

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer ROCKWOOD HOLDINGS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.10075

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1340.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PETER K SELDIN

Mailing Address 1000 PONUS RIDGE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.9976

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PETER K SELDIN

Mailing Address 1000 PONUS RIDGE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9986

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DANIEL SENOR

Mailing Address 529 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ELLIOTT MANAGEMENT SENIOR ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9177

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ALAN SHURR

Mailing Address 13 CRESCENT BEECH ROAD

City State Zip Code
ROWAYTOWN CT 06853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.10092

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH P. SMITH

Mailing Address 37 HOLLY LANE

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PEDEVCO CORP BOARD MEMBER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9173

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH G SOLARI JR

Mailing Address 277 ROUND HILL RD

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.10145

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. MRS. JENNIFER SOMMER		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 6 POINT O'WOODS ROAD S		Transaction ID : SA11AI.9956	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Ms. MARY A STAPLES		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 4 TODS DRIFT WAY		Transaction ID : SA11AI.9983	
City OLD GREENWICH	State CT	Zip Code 06870	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF - EMPLOYED	Occupation DA SYSTEMS GROUP		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) C. WILLIAM STAPLETON		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 15 SHERWOOD FARM RD		Transaction ID : SA11AI.8841	
City FAIRFIELD	State CT	Zip Code 06824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00	
Name of Employer HEALTHPLANONE, LLC	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3350.00		

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	1550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
WILLIAM STAPLETON

Mailing Address 15 SHERWOOD FARM RD

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEALTHPLANONE, LLC MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4350.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.10133

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN H STARR

Mailing Address 161 SPRING HOUSE RD

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9909

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MURRY STEGELMANN

Mailing Address 2494 S OCEAN BLVD
APT A9

City State Zip Code
BOCA RATON FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KILIMANJARO ADVISORS, LLC INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.10002

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PAUL A STEIN

Mailing Address 172 OENOKE LANE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.9999

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERT B STEWART

Mailing Address 15 HAMPTON LANE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ROBERT B. STEWART, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.10052

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
FRANK J STIRNA

Mailing Address 80 ROOSEVELT FOREST DR

City State Zip Code
STRATFORD CT 06614

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GRANVILLE PRINTING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.9733

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
FRANK J STIRNA

Mailing Address 80 ROOSEVELT FOREST DR

City State Zip Code
STRATFORD CT 06614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GRANVILLE PRINTING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9765

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
LUCY STITZER

Mailing Address 290 ROUND HILL ROAD

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMLIN CAPITAL MANAGEMENT, LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.9216

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
MARK STITZER

Mailing Address 290 ROUND HILL ROAD

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMLIN CAPITAL MANAGEMENT CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.9215

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3025.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JOHN E STRIPP		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 4 SCATACOOK TRL		Transaction ID : SA11AI.10147	
City WESTON	State CT	Zip Code 06883	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700.00		

Full Name (Last, First, Middle Initial) B. THOMAS SULLIVAN		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 5 HUCKLEBERRY HILL ROAD		Transaction ID : SA11AI.9146	
City WILTON	State CT	Zip Code 06897	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer IMPALA ASSET MANAGEMENT	Occupation CFO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. HILARY TANNER		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 10 FOREST DR		Transaction ID : SA11AI.9831	
City WESTPORT	State CT	Zip Code 06880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer BRIDGEWATER ASSOCIATES	Occupation RELATIONSHIP MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 117
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
STANLEY TATE

Mailing Address 1175 NE 125TH STREET
STE 102

City NORTH MIAMI State FL Zip Code 33161

FEC ID number of contributing federal political committee. **C**

Name of Employer TATE ENTERPRISES Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.9945

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
JOHN TAVLARIOS

Mailing Address 15 WRENFIELD LANE

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer GENERAL MARITIME CORP Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.9133

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
LINDA TAVLARIOS

Mailing Address 15 WRENFIELD LANE

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
NIKOLAS TAVLARIOS

Mailing Address 26 INDIAN SPRING ROAD

City NORWALK State CT Zip Code 06853

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11Al.10059

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JAMES THOMAS

Mailing Address 33 WOODS END ROAD

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer THOMAS, MCNERNEY & PARTNERS Occupation VENTURE CAPITALIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11Al.10082

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES THOMAS

Mailing Address 33 WOODS END ROAD

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer THOMAS, MCNERNEY & PARTNERS Occupation VENTURE CAPITALIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11Al.10093

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SARAH P THORSON

Mailing Address 15 RIDGEBROOK ROAD

City GREENWICH State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.10135

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JUDY TIBBETTS

Mailing Address 9 TORY HOLE ROAD

City DARIEN State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE SALES, MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10016

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KATHRYN TRAYNOR

Mailing Address 1530 CROSS HWY

City FAIRFIELD State CT Zip Code 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9961

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PAUL R TREGURTHA		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 248 LONG NECK POINT		Transaction ID : SA11AI.10120	
City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 4600.00		
Name of Employer Occupation MORAN TOWING CORP EXECUTIVE	Election Cycle-to-Date _____ 4600.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. HAROLD J TRISCHMAN JR		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 76 STEWARD HILL CIRCLE		Transaction ID : SA11AI.9190	
City State Zip Code FAIRFIELD CT 06824	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 1500.00		
Name of Employer Occupation MORGAN STANLEY MANAGING DIRECTOR	Election Cycle-to-Date _____ 1500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. GWENDOLYN VAN PAASSCHEN		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 3314 O STREET NW		Transaction ID : SA11AI.10121	
City State Zip Code WASHINGTON DC 20007	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 4000.00		
Name of Employer Occupation SELF-EMPLOYED GARDEN DESIGNER	Election Cycle-to-Date _____ 4000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 2000.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER VARTELAS

Mailing Address 20 BLACKBERRY LANE

City State Zip Code
SHELTON CT 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VALLEY ROOFING AND SIDING INC HOME IMPROVEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.10018

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KEITH VELIA

Mailing Address 12 MIMOSA PLACE

City State Zip Code
RIDGEFIELD CT 06877

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9917

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROGER D WANAMAKER

Mailing Address PO BOX 220

City State Zip Code
WILTON CT 06897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.9873

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DAVID WARD

Mailing Address 426 MINE HILL RD

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EARLY ADVANTAGE PUBLISHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9987

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHARLES WEBB

Mailing Address 7 TIMES SQUARE

City State Zip Code
NEW YORK NY 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BERGER & WEBB, LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.9199

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JAMES WEINBERG

Mailing Address 59 ROWLEDGE POND RD

City State Zip Code
SANDY HOOK CT 06482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAFE HARBOUR TANKER CHARTERING LLC PRESIDENT/GENR'L MNGR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.10108

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PAUL WEISMANN

Mailing Address 55 OLD HILL ROAD

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer WEISMANN CAPITAL Occupation PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.10128

Amount of Each Receipt this Period
 750.00

B. Full Name (Last, First, Middle Initial)
THOMAS J WELCH

Mailing Address 47 OLD SHELTON RD

City SHELTON State CT Zip Code 06484

FEC ID number of contributing federal political committee. **C**

Name of Employer WTSB Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.10085

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
RICHARD E WIELAND

Mailing Address 44 TURNEY RD

City REDDING State CT Zip Code 06896

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.10140

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. LAURIE E WILLIAMSON

Mailing Address **2 TINYWOOD ROAD**

City **DARIEN** State **CT** Zip Code **06820**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.9957

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
THOMAS WOODARD

Mailing Address **24 CLEARVIEW LANE**

City **NEW CANAAN** State **CT** Zip Code **06840**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.9975

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JEFFREY WOODS

Mailing Address **80 BRADFORD AVE**

City **RYE** State **NY** Zip Code **10580**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CLEANCOR ENERGY SOLUTIONS** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.10106

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
GEORGE U WYPER

Mailing Address 65 KNOLLWOOD LANE

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROYCE AND ASSOCIATES FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.10005

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PENELOPE YOUNG

Mailing Address 52 INDIAN ROCK ROAD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.10036

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD A YOUNG

Mailing Address 301 WEST LYON FARM DRIVE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.9934

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 117
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
SANDRA ZALIK

Mailing Address 208 HOUSATONIC AVENUE

City STRATFORD State CT Zip Code 06615

FEC ID number of contributing federal political committee. **C**

Name of Employer PITNEY BOWES Occupation MANAGER, QUALITY & CONTROLS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.9896

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
THOMAS ZARRILLI

Mailing Address 20 MOSS LEDGE RD

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer CTL CAPITAL Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.10004

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL ZIMMERMAN

Mailing Address 67 GLENVILLE ROAD

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer MC CREDIT PARTNERS Occupation INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.10102

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

105830.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 117
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H STREET NORTHWEST

City WASHINGTON State DC Zip Code 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.9166

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.9187

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.9185

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 117
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PEOPLE'S BANK FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 850 MAIN ST 15TH FL

City State Zip Code
BRIDGEPORT CT 06604

FEC ID number of contributing federal political committee. **C** C00178012

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.9163

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
REDDING REPUBLICAN TOWN COMMITTEE

Mailing Address PO BOX 1142

City State Zip Code
REDDING CT 06875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.9189

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

5500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. APPLE STORE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1 INFINITE LOOP		Amount of Each Disbursement this Period 1168.79
City CUPERTINO	State CA	
Zip Code 95014	Purpose of Disbursement MORRISON REIMBURSEMENT:EQUIPMENT RENTAL	Transaction ID : SB17.10243
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BEUCHERT'S SALOON		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 623 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 187.30
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement DEBICELLA REIMBURSEMENT:CATERING SERVICES	Transaction ID : SB17.10191
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BRENDAN BLAINE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 97 VILLAGE LANE		Amount of Each Disbursement this Period 519.00
City STAMFORD	State CT	
Zip Code 06890	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.10230
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	519.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 117			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. CABLEVISION		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 9256		Amount of Each Disbursement this Period 27.96
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement BROADBAND SERVICES	Transaction ID : SB17.10181
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL HOTEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 200 C ST SE		Amount of Each Disbursement this Period 193.51
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement DEBICELLA REIMBURSEMENT:TRAVEL:LODGING	Transaction ID : SB17.10183
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Transaction ID : SB17.10166
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	42.96
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 117			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.10167
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.10168
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1445-A LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.10212
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)
A. CHEF'S TABLE

Mailing Address 201 OAK ST

City PEMBROKE State MA Zip Code 02359

Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 19.24

Transaction ID : SB17.10198

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CUMULUS MEDIA/WICC600

Mailing Address 2 LAFAYETTE SQUARE

City BRIDGEPORT State CT Zip Code 06604

Purpose of Disbursement PLACED MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 2030.44

Transaction ID : SB17.10171

Full Name (Last, First, Middle Initial)
C. DAN DEBICELLA

Mailing Address 1 LAZY BROOK RD

City SHELTON State CT Zip Code 06484

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 760.93

Transaction ID : SB17.10182

SUBTOTAL of Disbursements This Page (optional)..... 2791.37

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 117			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. DOUGHNUT INN		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 562 POST RD		Amount of Each Disbursement this Period 14.65
City FAIRFIELD	State CT	
Zip Code 06824	Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS	Transaction ID : SB17.10249
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DOUGHNUT INN		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 562 POST RD		Amount of Each Disbursement this Period 14.30
City FAIRFIELD	State CT	
Zip Code 06824	Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS	Transaction ID : SB17.10250
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 889.36
City AUBURN	State MA	
Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	Transaction ID : SB17.10278
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	889.36
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 27A MIDSTATE DRIVE SUITE 218			Amount of Each Disbursement this Period 666.43	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.10281	
Purpose of Disbursement PAYROLL SERVICES/TAX		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. FIREHOUSE DELI			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address 22 REEF RD			Amount of Each Disbursement this Period 114.22	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.10241	
Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. FIREHOUSE DELI			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address 22 REEF RD			Amount of Each Disbursement this Period 125.76	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.10247	
Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	666.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JAMES FRANZINO			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address 254 SOUTH STREET			Amount of Each Disbursement this Period 264.00	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.10233	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. WILLIE GRANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 244 ALEX STREET			Amount of Each Disbursement this Period 384.00	
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.10226	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. KYLE GREENHUT			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014	
Mailing Address 240 ARBOR DRIVE			Amount of Each Disbursement this Period 278.00	
City SOUTHPORT	State CT	Zip Code 06890	Transaction ID : SB17.10236	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	926.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 117			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JAVON HILL			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014		
Mailing Address 1440 STRATFORD AVE			Amount of Each Disbursement this Period 384.00		
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.10218		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. MELVIN JOHNSON			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014		
Mailing Address 1122 CENTRAL AVE			Amount of Each Disbursement this Period 384.00		
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.10221		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. LADIES WHO LAUNCH			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014		
Mailing Address 47 PINE STREET			Amount of Each Disbursement this Period 2500.00		
City NEW CANAAN	State CT	Zip Code 06840	Transaction ID : SB17.10237		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3268.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. LEGAL SEA FOODS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1 SEAFOOD WAY		Amount of Each Disbursement this Period 134.98
City BOSTON State MA Zip Code 02210	Purpose of Disbursement DEBICELLA REIMBURSEMENT:CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.10189 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JOANNA MARIA LEONE		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 32 DALE RD		Amount of Each Disbursement this Period 948.00
City TRUMBULL State CT Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.10195
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JOANNA MARIA LEONE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 32 DALE RD		Amount of Each Disbursement this Period 288.00
City TRUMBULL State CT Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.10234
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1236.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. ELISE MAJOR		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.10277
City WESTON State CT Zip Code 06883	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MIKES PIZZA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 111 CAMPBELL AVE		Amount of Each Disbursement this Period 31.00 Transaction ID : SB17.10200 [MEMO ITEM]
City EST HAVEN State CT Zip Code 06516	Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MIKES PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 111 CAMPBELL AVE		Amount of Each Disbursement this Period 48.00 Transaction ID : SB17.10252 [MEMO ITEM]
City EST HAVEN State CT Zip Code 06516	Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. MIKES PIZZA		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 111 CAMPBELL AVE		Amount of Each Disbursement this Period 58.00
City EST HAVEN	State CT Zip Code 06516	
Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS		Transaction ID : SB17.10253
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 3250.00
City NEW HAVEN	State CT Zip Code 06510	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.10276
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 1974.92
City NEW HAVEN	State CT Zip Code 06510	
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES		Transaction ID : SB17.10196
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5224.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 117			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2055.36
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.10238
State: District:		

Full Name (Last, First, Middle Initial) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 3250.00
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.10280
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 425.50
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.10269
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5730.86
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. KEVIN JOHN MOYNIHAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 135 OENOKE RDGE		Amount of Each Disbursement this Period 1117.00
City NEW CANAAN	State CT	
Zip Code 06840	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRY	Transaction ID : SB17.10265
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 68.04
City NAPERVILLE	State IL	
Zip Code 60563	Purpose of Disbursement MORRISON REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.10245
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 42.53
City NAPERVILLE	State IL	
Zip Code 60563	Purpose of Disbursement MORRISON REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.10246
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1117.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. GREGORY PAGNOZZI		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1496 FAIRFIELD WOODS ROAD		Amount of Each Disbursement this Period 98.25
City FAIRFIELD State CT Zip Code 06825	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.10194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 270.25
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.10159
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 117.88
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.10160
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	486.38
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 221.39
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.10161
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 64.41
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.10162
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 224.27
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.10163
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	510.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 117			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 304.78
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.10169	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 491.63
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.10172	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 296.15
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.10173	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1092.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 117			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 757.60
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.10176
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 122.20
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.10178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 372.35
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.10179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1252.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 24.45
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.10180
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 10.07
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.10205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 743.54
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.10213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	778.06
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 393.92 Transaction ID : SB17.10222
City SAN FRANCISCO State CA Zip Code 94105	Category/Type	
Purpose of Disbursement MERCHANT FEES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 336.69 Transaction ID : SB17.10227
City SAN FRANCISCO State CA Zip Code 94105	Category/Type	
Purpose of Disbursement MERCHANT FEES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 171.08 Transaction ID : SB17.10228
City SAN FRANCISCO State CA Zip Code 94105	Category/Type	
Purpose of Disbursement MERCHANT FEES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	901.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 303.39 Transaction ID : SB17.10254
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 794.43 Transaction ID : SB17.10262
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 511.80 Transaction ID : SB17.10263
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1609.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 368.00 Transaction ID : SB17.10264
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 43.13 Transaction ID : SB17.10268
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.10270
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	416.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 272.26
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.10164
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 5000.00
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.10170
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 561.53
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.10174
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5833.79
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 15952.50 Transaction ID : SB17.10175
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 919.79 Transaction ID : SB17.10206
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 21270.00 Transaction ID : SB17.10214
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	38142.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.10274
City DERBY State CT Zip Code 06418	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.10279
City DERBY State CT Zip Code 06418	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2515.40 Transaction ID : SB17.10207
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12515.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2598.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.10271
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RITE AID		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 30 HUNTER LANE		Amount of Each Disbursement this Period 9.55
City CAMP HILL State PA Zip Code 17011	Purpose of Disbursement MORRISON REIMBURSEMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.10202 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RITE AID		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 30 HUNTER LANE		Amount of Each Disbursement this Period 19.54
City CAMP HILL State PA Zip Code 17011	Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.10239 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2598.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. CARLOS RIVERA		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.10231
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELYSE RYAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 32 CHERRY STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.10275
City DARIEN State CT Zip Code 06820	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SAKURA		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 680 POST ROAD EAST		Amount of Each Disbursement this Period 61.53 Transaction ID : SB17.10193 [MEMO ITEM]
City WESTPORT State CT Zip Code 06880	Purpose of Disbursement DEBICELLA REIMBURSEMENT:MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1720.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. SCOTT HOWELL & COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 8859.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.10165	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. SHERWOOD DINER, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 901 POST RD E			Amount of Each Disbursement this Period 27.86	
City WESTPORT	State CT	Zip Code 06880	Transaction ID : SB17.10187	
Purpose of Disbursement DEBICELLA REIMBURSEMENT:MEETING EXPENSE: MEALS		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. THOMAS SORENSON			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 12 FAIRGREEN LANE			Amount of Each Disbursement this Period 1800.00	
City OLD GREENWICH	State CT	Zip Code 06870	Transaction ID : SB17.10208	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	10659.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. THOMAS SORENSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 12 FAIRGREEN LANE		Amount of Each Disbursement this Period 337.50
City OLD GREENWICH	State CT	
Zip Code 06870	Purpose of Disbursement TRAVEL: MILEAGE	Transaction ID : SB17.10209
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THOMAS SORENSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 12 FAIRGREEN LANE		Amount of Each Disbursement this Period 1924.00
City OLD GREENWICH	State CT	
Zip Code 06870	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.10257
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SPLASH		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 260 COMPO ROAD S		Amount of Each Disbursement this Period 155.75
City WESTPORT	State CT	
Zip Code 06880	Purpose of Disbursement DEBICELLA REIMBURSEMENT:MEETING EXPENSE: MEALS	Transaction ID : SB17.10185
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2261.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 2401 UTAH AVE S		Amount of Each Disbursement this Period 31.53
City SEATTLE	State WA	
Zip Code 98134	Purpose of Disbursement MORRISON REIMBURSEMENT:MEETING EXPENSE: MEALS	Transaction ID : SB17.10251
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STOP & SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1235 FARMINGTON AVENUE		Amount of Each Disbursement this Period 34.01
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement MORRISON REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.10203
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STOP & SHOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1235 FARMINGTON AVENUE		Amount of Each Disbursement this Period 87.12
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement MORRISON REIMBURSEMENT:OFFICE SUPPLIES	Transaction ID : SB17.10204
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. ADAM TARCZALI		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 32 BAKER ST.		Amount of Each Disbursement this Period 1110.00 Transaction ID : SB17.10229
City MILFORD	State CT	
Zip Code 06461	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE COUNTRY CLUB OF NEW CANAAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 95 COUNTRY CLUB RD		Amount of Each Disbursement this Period 1117.00 Transaction ID : SB17.10267 [MEMO ITEM]
City NEW CANAAN	State CT	
Zip Code 06840	Purpose of Disbursement MOYNIHAN REIMBURSEMENT:FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE LUCROR GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 14 HAVERHILL PL		Amount of Each Disbursement this Period 9538.92 Transaction ID : SB17.10256
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10648.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. THE LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014	
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 3296.85	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.10272	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. THE M GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 100 LUNA PARK DRIVE #156			Amount of Each Disbursement this Period 1106.59	
City ALEXANDRIA	State VA	Zip Code 22305	Transaction ID : SB17.10215	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. GEORGE THOMPSON			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 400 OLIVE STREET			Amount of Each Disbursement this Period 384.00	
City BRIDGEPORT	State CT	Zip Code 06604	Transaction ID : SB17.10217	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4787.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. TUSK PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 6833.19 Transaction ID : SB17.10210
City DENVILLE State NJ Zip Code 07834	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TUSK PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 1669.44 Transaction ID : SB17.10258
City DENVILLE State NJ Zip Code 07834	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VAZZY'S CUCINA OF SHELTON		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 706 BRIDGEPORT AVE		Amount of Each Disbursement this Period 1263.50 Transaction ID : SB17.10177
City SHELTON State CT Zip Code 06484	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9766.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 117	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. VAZZY'S CUCINA OF SHELTON			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 706 BRIDGEPORT AVE			Amount of Each Disbursement this Period 429.59 Transaction ID : SB17.10273
City SHELTON	State CT	Zip Code 06484	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. VERBATIM SERVICES			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O. BOX 794			Amount of Each Disbursement this Period 3860.45 Transaction ID : SB17.10211
City WEST CALDWELL	State NJ	Zip Code 07007	
Purpose of Disbursement DIRECT MAIL PRINTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. VERBATIM SERVICES			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address P.O. BOX 794			Amount of Each Disbursement this Period 1219.80 Transaction ID : SB17.10259
City WEST CALDWELL	State NJ	Zip Code 07007	
Purpose of Disbursement DIRECT MAIL PRINTING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	5509.84
TOTAL This Period (last page this line number only).....	135201.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 117	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. TED HUBER		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 5 WOODLAND DR.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.10156
City WESTPORT	State CT	
Zip Code 06880	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DENNIS KEEGAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 22 LAKEVIEW		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.10155
City RIVERSIDE	State CT	
Zip Code 06878	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LEADERSHIP CONNECTICUT PAC		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 90 GROVE STREET		Amount of Each Disbursement this Period 2400.00 Transaction ID : SB20A.10158
City RIDGEFIELD	State CT	
Zip Code 06872	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 117	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. REDDING REPUBLICAN TOWN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 1142		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.10157
City REDDING	State CT Zip Code 06875	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ERIBERTO R SCOCIMARA		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 16 LAUREL LANE		Amount of Each Disbursement this Period 100.00 Transaction ID : SB20A.10282
City GREENWICH	State CT Zip Code 06830	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	8200.00