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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL                            |  |                  | 7   |                    |
|---|--|------------------|---|--------------------|
| Joe Bentivegna For Congress                             |  |                  | _   |                    |
| ADDRESS (number and street) PO Box 321116               |  |                  |   |                    |
| CITY, STATE, and ZIP CODE                               |  |                  | -   |                    |
| Fairfield CT 06825                                      |  |                  |   |                    |
| 2. NAME OF CANDIDATE                                    | 3. OFFICE SOUGHT (State and District)<br>House CT 04     |                  | 4. FEC IDENTIFICATION NUMBER<br>C00555110   |                    |
| Joe Bentivegna  |  |                  |   |                    |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING       | YES, IT AMENDS THE                                       | NOTICE FILED ON  | //  |                    |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE              | Name of Employer   |                  | Date (month,  | Amount             |
| pac Ophthpac  |  |                  | day, year)<br>04/29/2014  | 2500.00            |
| 100 Vermont Ave NW                                      |  |                  | 0   |                    |
| Suite 700   | Transaction ID : F6.4478                                 |                  |   |                    |
| Washington DC 20005                                     | Occupation   |                  |   |                    |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE              | Name of Employer   |                  | Date (month,  | Amount             |
|   |  |                  | day, year)  |                    |
|   |  |                  |   |                    |
|   |  |                  |   |                    |
|   | Occupation   |                  |   |                    |
|   |  |                  |   |                    |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE              | Name of Employer   | Name of Employer |   | Amount             |
|   |  |                  | Date (month,<br>day, year)  |                    |
|   |  |                  |   |                    |
|   | Occuration .   |                  |   |                    |
|   |  |                  |   |                    |
|   | Occupation   |                  |   |                    |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE              | IAILING ADDRESS AND ZIP CODE Name of Employer Occupation |                  | Date (month,  | Amount             |
| ,   |  |                  | day, year)  |                    |
|   |  |                  |   |                    |
|   |  |                  |   |                    |
|   |  |                  |   |                    |
|   |  |                  |   |                    |
| JLL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer |  |                  | Date (month,  | Amount             |
|   |  |                  | day, year)  |                    |
|   |  |                  |   |                    |
|   |  |                  |   |                    |
|   |  |                  |   |                    |
|   | Occupation   | Occupation       |   |                    |
| SIGNATURE (optional)                                    |  | DATE             | For further int   | formation contact: |
| Mr. Philip Peterson                                     | [Electronically Filed]                                   |                  | For further information contact:<br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                    |
|   |  |                  |   |                    |
|   |  | 1                | 1   |                    |

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