

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

Joe Bentivegna For Congress

ADDRESS (number and street) ▼

PO Box 321116

Check if different than previously reported. (ACC)

Fairfield

CT

06825

2. **FEC IDENTIFICATION NUMBER** ▼

C C00555110

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 Mr. Philip Peterson

Signature of Treasurer Mr. Philip Peterson

[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 | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Joe Bentivegna For Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 27 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

| | 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)).... | 2850.00 | 29994.48 |
| (b) Total Contribution Refunds (from Line 20(d)) | 2500.00 | 2500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 350.00 | 27494.48 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 9153.39 | 20464.48 |
| (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))..... | 9153.39 | 20464.48 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 6780.00 | |
| 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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Joe Bentivegna For Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 250.00 | 19200.00 |
| (ii) Unitemized..... | 100.00 | 6740.00 |
| (iii) TOTAL of contributions from individuals ▶ | 350.00 | 25940.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 2500.00 | 2500.00 |
| (d) The Candidate..... | 0.00 | 1554.48 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 2850.00 | 29994.48 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 88000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 88000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 2850.00 | 117994.48 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 9153.39 | 20464.48 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 250.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 88000.00 | 88000.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 88000.00 | 88000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 2500.00 | 2500.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 2500.00 | 2500.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 99653.39 | 111214.48 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 103583.39 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 2850.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 106433.39 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 99653.39 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 6780.00 |

**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 5 OF 17 |
| | <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)
Joe Bentivegna For Congress

A. Full Name (Last, First, Middle Initial)
Ken Backman

Mailing Address 31 Gault Park Dr

City Westport State CT Zip Code 06880

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

Name of Employer self employed Occupation physician

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11Al.4481

Amount of Each Receipt this Period
 250.00

B. 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 Y

Amount of Each Receipt this Period

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 Y

Amount of Each Receipt this Period

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

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

250.00

250.00

**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 6 OF 17 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Joe Bentivegna For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) pac Ophthpac | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2014 |
| Mailing Address 100 Vermont Ave NW Suite 700 | | Transaction ID : SA11C.4476 |
| City Washington | State DC Zip Code 20005 | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 2500.00 |
| Name of Employer campaign committee | Occupation campaign committee | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | Election Cycle-to-Date 2500.00 | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M M / D D / Y Y Y Y Y Y |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M M / D D / Y Y Y Y Y Y |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 2500.00 |

**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 7 OF 17 | | | |
| | <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)
Joe Bentivegna For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Bar Americain | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014 |
| Mailing Address 1 Mohegan Sun Blvd | | Amount of Each Disbursement this Period 520.30 |
| City Uncasville | State CT | |
| Zip Code 06832 | Purpose of Disbursement | Transaction ID : SB17.4500 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Joe Bentivegna | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014 |
| Mailing Address PO Box 321116 | | Amount of Each Disbursement this Period 212.00 |
| City Fairfield | State CT | |
| Zip Code 06825 | Purpose of Disbursement interest on loan | Transaction ID : SB17.4498 |
| Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CT District: 04 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Tyler Carlisle | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014 |
| Mailing Address 265 Church St Yale U. | | Amount of Each Disbursement this Period 1500.00 |
| City New Haven | State CT | |
| Zip Code 06520 | Purpose of Disbursement | Transaction ID : SB17.4484 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2232.30 |
| 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 8 OF 17 | | | |
| | <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)
Joe Bentivegna For Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Sagi Cucina | | Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014 |
| Mailing Address 23 Catoonah St | | Amount of Each Disbursement this Period 245.45 Transaction ID : SB17.4488 |
| City Ridgefield | State CT | |
| Zip Code 06877 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Federal Express | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 |
| Mailing Address 400 Boston Post Rd | | Amount of Each Disbursement this Period 43.85 Transaction ID : SB17.4526 |
| City Orange | State CT | |
| Zip Code 06477 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Exxon Mobil | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 195 | | Amount of Each Disbursement this Period 80.60 Transaction ID : SB17.4523 |
| City Milford | State CT | |
| Zip Code 06460 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 245.45 |
| 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 9 OF 17 |
| | <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)
Joe Bentivegna For Congress

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. Exxon Mobil | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014 |
| Mailing Address 1044 Post rd | | Amount of Each Disbursement this Period 75.48 |
| City Darien State CT Zip Code 06820 | Purpose of Disbursement | |
| Candidate Name | Category/Type | Transaction ID : SB17.4508 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Authority New Haven Transit | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 |
| Mailing Address 50 Union Ave | | Amount of Each Disbursement this Period 276.52 |
| City New Haven State CT Zip Code 06519 | Purpose of Disbursement | |
| Candidate Name | Category/Type | Transaction ID : SB17.4506 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Inc. PayPal | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014 |
| Mailing Address PO Box 45950 | | Amount of Each Disbursement this Period 19.92 |
| City Omaha State NE Zip Code 68145 | Purpose of Disbursement | |
| Candidate Name | Category/Type | Transaction ID : SB17.4515 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 371.92 |
| 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 10 OF 17 | | | |
| | <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)
Joe Bentivegna For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Darline Perpignan | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014 |
| Mailing Address 58 Crestview Ave. | | Amount of Each Disbursement this Period 800.00 |
| City Stamford | State CT | |
| Zip Code 06907 | Purpose of Disbursement | Transaction ID : SB17.4513 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Darline Perpignan | | Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014 |
| Mailing Address 58 Crestview Ave. | | Amount of Each Disbursement this Period 800.00 |
| City Stamford | State CT | |
| Zip Code 06907 | Purpose of Disbursement | Transaction ID : SB17.4499 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Philip Peterson | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014 |
| Mailing Address PO Box 321116 | | Amount of Each Disbursement this Period 2000.00 |
| City Fairfield | State CT | |
| Zip Code 06825 | Purpose of Disbursement | Transaction ID : SB17.4483 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3600.00 |
| 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 11 OF 17 | | | |
| | <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)
Joe Bentivegna For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. US Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 357 Commerce Dr | | Amount of Each Disbursement this Period 294.00 |
| City Fairfield | State CT | |
| Zip Code 06824 | Purpose of Disbursement | Transaction ID : SB17.4517 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. US Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014 |
| Mailing Address 357 Commerce Dr | | Amount of Each Disbursement this Period 77.00 |
| City Fairfield | State CT | |
| Zip Code 06824 | Purpose of Disbursement | Transaction ID : SB17.4490 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. PBM Printers | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 632 Cromwell Ave | | Amount of Each Disbursement this Period 115.92 |
| City Rocky Hill | State CT | |
| Zip Code 06067 | Purpose of Disbursement | Transaction ID : SB17.4518 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 486.92 |
| 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 12 OF 17 | | | |
| | <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)
Joe Bentivegna For Congress

Full Name (Last, First, Middle Initial)
A. PBM Printers

Mailing Address 632 Cromwell Ave

City Rocky Hill State CT Zip Code 06067

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2014

Amount of Each Disbursement this Period: 35.89

Transaction ID : SB17.4524

Category/Type

Full Name (Last, First, Middle Initial)
B. Republican Party of Connecticut

Mailing Address 31 Pratt St

City Hartford State CT Zip Code 06103

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 13 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4507

Category/Type

Full Name (Last, First, Middle Initial)
C. Cinzano's Ristorant

Mailing Address 1920 Black Rock Tpke

City Fairfield State CT Zip Code 06825

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 05 / 2014

Amount of Each Disbursement this Period: 206.09

Transaction ID : SB17.4520

Category/Type

SUBTOTAL of Disbursements This Page (optional) 741.98

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 13 OF 17 | | | |
| | <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)
Joe Bentivegna For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cinzano's Ristorant | | Date of Disbursement |
| Mailing Address 1920 Black Rock Tpke | | M M / D D / Y Y Y Y 06 / 09 / 2014 |
| City Fairfield | State CT | Zip Code 06825 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 700.00 |
| Candidate Name | Category/Type | Transaction ID : SB17.4487 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mohegan Sun | | Date of Disbursement |
| Mailing Address 1 Mohegan Sun Blvd | | M M / D D / Y Y Y Y 05 / 19 / 2014 |
| City Uncasville | State CT | Zip Code 06832 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 253.05 |
| Candidate Name | Category/Type | Transaction ID : SB17.4502 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement |
| Mailing Address | | M M / D D / Y Y Y Y |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | Category/Type | |
| 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)..... | 953.05 |
| TOTAL This Period (last page this line number only)..... | 8631.62 |

**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 14 OF 17 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Joe Bentivegna For Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Joe Bentivegna | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014 |
| Mailing Address PO Box 321116 | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB19A.4495 |
| City Fairfield | State CT | |
| Zip Code 06825 | Purpose of Disbursement Loan Repayment | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: CT District: 04 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Joe Bentivegna | | Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014 |
| Mailing Address PO Box 321116 | | Amount of Each Disbursement this Period 85000.00 Transaction ID : SB19A.4497 |
| City Fairfield | State CT | |
| Zip Code 06825 | Purpose of Disbursement Loan Repayment | Category/ Type |
| Candidate Name | Office Sought: <input checked="" 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: CT District: 04 | |

| | | |
|--|---|---|
| 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)..... | 88000.00 |
| TOTAL This Period (last page this line number only)..... | 88000.00 |

**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 15 OF 17 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Joe Bentivegna For Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. pac Ophthpac | | Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014 |
| Mailing Address 100 Vermont Ave NW | | Amount of Each Disbursement this Period 2500.00 |
| City Washington State DC Zip Code 20005 | Purpose of Disbursement <input type="checkbox"/> | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB20C.4485 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | 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 <input type="checkbox"/> | |
| Candidate Name | | Category/Type |
| 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: | | |

| | | |
|--|--|---|
| 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 <input type="checkbox"/> | |
| Candidate Name | | Category/Type |
| 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)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 2500.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Joe Bentivegna For Congress** Transaction ID : **SC/10.4145**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
Joe Bentivegna
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 321116
 City State ZIP Code
 Fairfield CT 06825

| | | |
|------------------------------------|---------------------------------------|---|
| Original Amount of Loan 3000.00 | Cumulative Payment To Date 3000.00 | Balance Outstanding at Close of This Period 0.00 |
|------------------------------------|---------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|--------------------------------|-------------------------------|---|
| Date Incurred M 01 / D 06 / Y 2014 | Date Due M M / D D / Y none | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|--------------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|------|
| SUBTOTALS This Period This Page (optional)..... | 0.00 |
| TOTALS This Period (last page in this line only)..... | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Joe Bentivegna For Congress** Transaction ID : **SC/10.4155**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Joe Bentivegna Primary
 Mailing Address PO Box 321116 General
 Other (specify) ▼

City State ZIP Code
 Fairfield CT 06825

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 85000.00 | 85000.00 | 0.00 |

TERMS

| | | | |
|------------------------|------------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 03 / D 28 / Y 2014 Y | M M / D D / Y none Y Y | 1.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|---------------------------|
| SUBTOTALS This Period This Page (optional)..... | <input type="text"/> 0.00 |
| TOTALS This Period (last page in this line only)..... | <input type="text"/> 0.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.