

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 11 / 04 / 2014 in the State of CT

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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

11 / 13 / 2014

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: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 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))....	72745.00	1171698.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	30900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72745.00	1140798.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	121312.86	1074551.43
(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)).....	121312.86	1074551.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	65746.57	
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

DEBICELLA FOR CONGRESS 2014

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).....	67400.00	1074485.00
(ii) Unitemized.....	3245.00	69113.00
(iii) TOTAL of contributions from individuals ▶	70645.00	1143598.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2100.00	28100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72745.00	1171698.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	72745.00	1171698.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	121312.86	1074551.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	30900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	30900.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	121312.86	1105951.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	114314.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	72745.00
25. SUBTOTAL (add Line 23 and Line 24).....	187059.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121312.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	65746.57

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

The 10/2/14 contribution of \$2,600 from Katharine Weber was mistakenly reported twice. This report is amended to remove the duplicate entry. Cash on hand has been adjusted accordingly.

Form/Schedule:

Transaction ID:

**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 52
	<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)
GERALD ALESSI

Mailing Address 582 SHRUB OAK LANE

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
ALESSI EQUIP INCP SALES

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 / 15 / 2014

Transaction ID : SA11AI.8954

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
PETER R BALDERSTON

Mailing Address 19 COLLINSWOOD ROAD

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
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9046

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KIRK BALZER

Mailing Address 34 LOUISES LANE

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
ARDSLEY PARTNERS HEDGE FUND

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 / 06 / 2014

Transaction ID : SA11AI.8981

Amount of Each Receipt this Period
500.00

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 7 OF 52
	<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 BARTLETT

Mailing Address 643 OENOKE 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
1400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.8967

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
GEORGE P BAUER

Mailing Address 206 DUDLEY ROAD

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
1250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.9036

Amount of Each Receipt this Period
1000.00

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

Mailing Address 295 BRUSHY RIDGE ROAD

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11AI.9004

Amount of Each Receipt this Period
500.00

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

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

1800.00

**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 52
	<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)
GERALD BISBEE

Mailing Address 377 MAIN STREET, UNIT 1

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
THE HEALTH MANAGEMENT ACADEMY EXECUTIVE

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 / 12 / 2014

Transaction ID : SA11AI.9015

Amount of Each Receipt this Period
300.00

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

Mailing Address 628 WEST ROAD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
IMPALA ASSET MANAGEMENT EXECUTIVE

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 / 02 / 2014

Transaction ID : SA11AI.9093

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
SUSAN BISHOP

Mailing Address 628 WEST ROAD

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 / 02 / 2014

Transaction ID : SA11AI.9095

Amount of Each Receipt this Period
2500.00

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

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

5300.00

**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 52
	<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 C BREEDEN

Mailing Address 37 BROOKSIDE DR

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.8966

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL BRENNAN

Mailing Address 140 SHERMAN COURT

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer PHYSICIAN Occupation SELF-EMPLOYED

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 / 12 / 2014

Transaction ID : SA11AI.9008

Amount of Each Receipt this Period
500.00

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

Mailing Address 239 HILLSIDE DR

City GREENWICH State CT Zip Code 06830

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

Name of Employer HUDSON ADVISOR SERVICES INC Occupation INVESTMENT MANAGEMENT

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 / 07 / 2014

Transaction ID : SA11AI.8986

Amount of Each Receipt this Period
500.00

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 10 OF 52
	<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 CAMPBELL

Mailing Address 27 SHIPWAY RD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
RINGS END CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MARTY CANNON

Mailing Address 9 HUNTZINGER DRIVE

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
GREENVIEW ASSOCIATES, LLC INVESTMENT 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 / 07 / 2014

Transaction ID : SA11AI.8989

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS CYNTHIA L CITRONE

Mailing Address 300 WILLOW ST

City State Zip Code
SOUTHPORT CT 06890

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

Name of Employer Occupation

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 / 15 / 2014

Transaction ID : SA11AI.8948

Amount of Each Receipt this Period
2600.00

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

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

5450.00

**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 52
	<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. ROD COLBURN		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 1219 FOXBORO DRIVE		Transaction ID : SA11AI.9077	
City NORWALK	State CT	Zip Code 06851	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer GOLDMAN SACHS	Occupation BANKER		
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) B. JOHN MATTHEW COLLINS		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 24 WESTWOOD ROAD		Transaction ID : SA11AI.9049	
City WEST HARTFORD	State CT	Zip Code 06117	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer D&B	Occupation CORPORATE EXECUTIVE		
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) C. LYN G COOK		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 195 W. OLD MILL ROAD		Transaction ID : SA11AI.9013	
City GREENWICH	State CT	Zip Code 06831	Amount of Each Receipt this Period _____ 500.00
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 _____ 1500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2250.00
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 12 OF 52
	<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 J COUGHLIN

Mailing Address 143 OENOKE RIDGE RD

City State Zip Code
NEW CANAAN CT 06840

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
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.8978

Amount of Each Receipt this Period
1000.00

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

Mailing Address 18 PILOT ROCK LANE

City State Zip Code
RIVERSIDE CT 06878

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
4450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.9045

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TOM DAYTON

Mailing Address 8254 BLAIR LANE

City State Zip Code
GERMANTOWN TN 38139

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

Name of Employer Occupation
QUALITY VENDING SERVICE LLC MANAGING DIRECTOR

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 / 02 / 2014

Transaction ID : SA11AI.9102

Amount of Each Receipt this Period
250.00

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 13 OF 52
	<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)
BONNIE DUDLEY

Mailing Address 45 ROWAYTON AVE

City NORWALK State CT Zip Code 06853

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.8941

Amount of Each Receipt this Period
100.00

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

Mailing Address 5 RUSTIC LANE

City WESTPORT State CT Zip Code 06880

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

Name of Employer **POST ROAD CAPITAL MANAGEMENT, LLC** Occupation **MANAGING MEMBER**

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 / 14 / 2014

Transaction ID : SA11AI.9041

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 FIRST STAMFORD PLACE

City STAMFORD State CT Zip Code 06902

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

Name of Employer Occupation

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 / 15 / 2014

Transaction ID : SA11AI.8958

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

**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 52
	<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)
MEGAN FOLEY

Mailing Address 44 MOREHOUSE LANE

City SOUTHPORT State CT Zip Code 06890

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.9020

Amount of Each Receipt this Period
1000.00

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

Mailing Address 738 FLINTLOCK ROAD

City SOUTHPORT State CT Zip Code 06890

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.9105

Amount of Each Receipt this Period
1000.00

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

Mailing Address 738 FLINTLOCK RD

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer **MOAB OIL INC** Occupation **BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.9103

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 15 OF 52
(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)
STEVEN C FROST

Mailing Address 420 PINE CREEK AVE

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8943

Amount of Each Receipt this Period

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

Mailing Address 48 SUNNYBANK AVE.

City State Zip Code
STRATFORD CT 06614

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TOWN OF STRATFORD CONSTITUENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8988

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LUKE GARDNER

Mailing Address 177 OLD MILL LANE

City State Zip Code
STAMORD CT 06902

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8990

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 16 OF 52
	<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)
LAUREN W GHAFFARI

Mailing Address 61 CLAPBOARD RIDGE RD

City GREENWICH State CT Zip Code 06830

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
 10 / 15 / 2014

Transaction ID : SA11AI.9118

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
LILE R GIBBONS

Mailing Address 27 SUNSET RD

City OLD GREENWICH State CT Zip Code 06870

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

Name of Employer Occupation
 STATE OF CT REPRESENTATIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.9047

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
PAUL GIUSTI

Mailing Address 143 OLD STUDIO ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer Occupation
 STRUCTURAL GRAPHICS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 12 / 2014

Transaction ID : SA11AI.9017

Amount of Each Receipt this Period
 500.00

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

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

4600.00

**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 52
	<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 K GOGOLAK		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address P.O. BOX 1166		Transaction ID : SA11AI.9091	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RR DONNELLEY	Occupation PRINTING SALES		
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) ROBERT GRAY		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 619 STEAMBOAT RD		Transaction ID : SA11AI.8937	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		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 1150.00		

Full Name (Last, First, Middle Initial) MRS RENE J GREENLEE		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 12 JENNINGS COURT		Transaction ID : SA11AI.8952	
City WESTPORT	State CT	Zip Code 06880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 18 OF 52
	<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 HAGEDORN

Mailing Address 513 WEST ROAD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
HAGEDORN PUBLISHING PUBLISHER

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 / 15 / 2014

Transaction ID : SA11AI.9063

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JULIE HAROUN

Mailing Address 8 BROADVIEW RD

City State Zip Code
WESTPORT CT 06880

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
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.8946

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CLARE HARRINGTON

Mailing Address 18 BURYING 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
3100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 04 / 2014

Transaction ID : SA11AI.8945

Amount of Each Receipt this Period
500.00

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: PAGE 19 OF 52
(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)
CHRISTOPHER HEALY

Mailing Address **27 DORCHESTER ROAD**

City **WETHERSFIELD** State **CT** Zip Code **06109**

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9058

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CARL ROBER HENRIKSON

Mailing Address **153 SUNSET HILL ROAD**

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9088

Amount of Each Receipt this Period
500.00

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

Mailing Address **697 VALLEY RD**

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
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9082

Amount of Each Receipt this Period
250.00

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 20 OF 52
	<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 H HILLER Jr

Mailing Address 2745 BURR ST

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
CITY OF SHELTON DIRECTOR OF FINANCE

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 / 15 / 2014

Transaction ID : SA11AI.8972

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
GREGORY HOELSCHER

Mailing Address 1 CLAPBOARD RIDGE RD

City State Zip Code
GREENWICH CT 06830

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.8924

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TED HUBER

Mailing Address 5 WOODLAND DR.

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
DEERFIELD RESEARCH ANALYST

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 / 13 / 2014

Transaction ID : SA11AI.9025

Amount of Each Receipt this Period
5200.00
EXCESS TO BE REFUNDED

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

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

6500.00

**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 21 OF 52
	<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. GEOFFREY HULME		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 9 MOUNTAIN LAUREL DRIVE		Transaction ID : SA11AI.9069
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AMICI CAPITAL LLC	Occupation RESEARCH ANALYST	
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) B. NICHOLAS IACONO		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 219 BUTTERY ROAD		Transaction ID : SA11AI.8983
City NEW CANAAN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HEALTH PLAN ONE	Occupation PRESIDENT	
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. JEFFREY JENNINGS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2014
Mailing Address 15 WITHERELL DRIVE		Transaction ID : SA11AI.8944
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CLIFTON BROKERAGE CORPORATION	Occupation INSURANCE EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 22 OF 52
	<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 **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.9054

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
LISA JOYCE

Mailing Address 142 GOODWIVES RIVER RD

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 **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2014

Transaction ID : SA11AI.8975

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
STEVEN LAU

Mailing Address 367 GREENS FARMS RD

City WESTPORT State CT Zip Code 06880

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

Name of Employer WORLDQUANT VENTURES LLC Occupation VENTURE CAPITAL

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 / 13 / 2014

Transaction ID : SA11AI.9023

Amount of Each Receipt this Period
1000.00

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

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

3650.00

**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 52
	<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)
ELLEN LEVINSON

Mailing Address 883 HARBOR ROAD

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer SELF-EMPLOYED Occupation INTERIOR DESIGN

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 / 12 / 2014

Transaction ID : SA11AI.9012

Amount of Each Receipt this Period
1000.00

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

Mailing Address 8 DEER PARK COURT

City GREENWICH State CT Zip Code 06830

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

Name of Employer NEWCASTLE PARTNERS LLC Occupation INVESTOR

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 / 09 / 2014

Transaction ID : SA11AI.8934

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SERGE MANIMBO

Mailing Address 719 PONUS RIDGE

City NEW CANAAN State CT Zip Code 06840

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
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.9060

Amount of Each Receipt this Period
300.00

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

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

2300.00

**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 24 OF 52
	<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)
STEVEN MARKS

Mailing Address 24 FIELD RD

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer BLUE RIDGE CAPITAL Occupation INVESTMENT 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 / 15 / 2014

Transaction ID : SA11AI.9056

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ERIC MATEJEVICH

Mailing Address 245 EAST 63RD
APT 30F

City NEW YORK State NY Zip Code 10065

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.8939

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STEVE MATTHESEN

Mailing Address 118 GOOD HILL ROAD

City WESTON State CT Zip Code 06883

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

Name of Employer NIELSEN Occupation EXECUTIVE

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 / 04 / 2014

Transaction ID : SA11AI.8973

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: PAGE 25 OF 52
(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)
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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9059

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AL D MCCREADY

Mailing Address **3 KERNAN PL**

City **OLD GREENWICH** State **CT** Zip Code **06870**

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 / 15 / 2014

Transaction ID : SA11AI.9121

Amount of Each Receipt this Period
300.00

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

Mailing Address **16 TAMARACK PLACE**

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

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

Name of Employer **GREENWICH HOSPITAL** Occupation **HOSPICE VOLUNTEER**

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 / 10 / 2014

Transaction ID : SA11AI.9001

Amount of Each Receipt this Period
250.00

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 26 OF 52
	<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. EDWARD MULE		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 10 W ANDREWS DR NW		Transaction ID : SA11AI.9044
City ATLANTA	State GA Zip Code 30305	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer SILVER POINT CAPITAL	Occupation CEO & PORTFOLIO MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. JOHN MULLIGAN		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 998 FAIRFIELD BEACH RD		Transaction ID : SA11AI.8999
City FAIRFIELD	State CT Zip Code 06824	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer ALTRIA GROUP, INC.	Occupation CORPORATE FINANCE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) C. JOHN H MYERS		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 326 HILLSIDE ROAD		Transaction ID : SA11AI.9106
City FAIRFIELD	State CT Zip Code 06824	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
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).....	3600.00
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 27 OF 52
	<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)
MRS KATHLEEN NEALON

Mailing Address 33 STURGES COMMONS

City WESTPORT State CT Zip Code 06880

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 Y
 10 / 15 / 2014

Transaction ID : SA11AI.8950

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
EDWARD NEISS

Mailing Address 200 CHARTER OAK DRIVE

City NEW CANAAN State CT Zip Code 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.9042

Amount of Each Receipt this Period
 250.00

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 Occupation
 HOMEMAKER HOMEMAKER

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 / 15 / 2014

Transaction ID : SA11AI.9076

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 28 OF 52
	<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)
CHRISTIAN L OBERBECK

Mailing Address 630 LAKE AVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer SARATOGA PARTNERS Occupation INVESTMENT PROFESSIONAL

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 / 14 / 2014

Transaction ID : SA11AI.9035

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. ERNST OHNELL

Mailing Address 75 KHAKUM WOOD RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer OHNELL CAPITAL LLC Occupation PRINCIPAL

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 / 15 / 2014

Transaction ID : SA11AI.9119

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WIN OPPEL

Mailing Address 34 SOUNDVIEW AVE

City SHELTON State CT Zip Code 06484

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

Name of Employer AD-MERICA CORPORATION Occupation 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 / 09 / 2014

Transaction ID : SA11AI.8928

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 29 OF 52
	<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)
RALPH REYNOLDS

Mailing Address 104 DELAFIELD ISLAND RD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
SELF-EMPLOYED TRADER

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 / 15 / 2014

Transaction ID : SA11AI.9067

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
NANCY ANNE 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
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9065

Amount of Each Receipt this Period
700.00

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

Mailing Address 455 ORCHARD HILL LN

City State Zip Code
FAIRFIELD CT 06824

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 / 15 / 2014

Transaction ID : SA11AI.8970

Amount of Each Receipt this Period
300.00

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 30 OF 52
	<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 G RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 2780 REDDING RD		Transaction ID : SA11AI.9084
City FAIRFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CHOATE ROSEMARY HALL	Occupation ESTATE PLANNING	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. JAY B SHEEHY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 190 CHAPEL STREET		Transaction ID : SA11AI.9122
City STRATFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KOMCO SUPPLU	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3225.00	

Full Name (Last, First, Middle Initial) C. DAVID B SIPPIN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address 495 OLD ACADEMY ROAD		Transaction ID : SA11AI.8979
City FAIRFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SIPPIN BROS. OIL CO., INC.	Occupation BUSINESS OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
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 31 OF 52
	<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)
TIMOTHY C SULLIVAN

Mailing Address 187 STEEP HILL 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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.8956

Amount of Each Receipt this Period
250.00

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

Mailing Address 96 WILLOW STREET

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer LAU LTD Occupation EXECUTIVE

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 / 15 / 2014

Transaction ID : SA11AI.8960

Amount of Each Receipt this Period
100.00

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

Mailing Address 76 STEWARD HILL CIRCLE

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer SELF-EMPLOYED Occupation VOLUNTEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.8968

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 32 OF 52
	<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)
DINYAR S WADIA

Mailing Address 134 MAIN STREET

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
WADIA ASSOCIATES PRESIDENT

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 / 13 / 2014

Transaction ID : SA11AI.9026

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JACQUELINE WALSH

Mailing Address 96 DOUBLING ROAD

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
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.9028

Amount of Each Receipt this Period
750.00

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

Mailing Address 77 WINFIELD LANE

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
2100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.9021

Amount of Each Receipt this Period
300.00

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: PAGE 33 OF 52
(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)
Mr. STEVEN E WARD

Mailing Address **6 HARBOR BLUFF LN**

City **ROWAYTON** 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 **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.9116

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
KATHARINE WEBER

Mailing Address **46 OLD HILL RD**

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

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

Name of Employer **CAMBRIDGE INTL.** Occupation **OWNER**

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 / 02 / 2014

Transaction ID : SA11AI.8985

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
STEVEN WOLOSKY

Mailing Address **72 SHORE ROAD**

City **OLD GREENWICH** State **CT** Zip Code **06870**

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

Name of Employer **OLSHAN FROME WOLOSKY** 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 / 15 / 2014

Transaction ID : SA11AI.8964

Amount of Each Receipt this Period
1000.00

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 34 OF 52
(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)
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
1000.00

Date of Receipt
 / /

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period
1000.00

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

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

Amount of Each Receipt this Period

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

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

1000.00

67400.00

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

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

FOR LINE NUMBER: PAGE 35 OF 52
(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)
FOXX PAC

Mailing Address 22780 INDIAN CREEK DRIVE SUITE 100

City State Zip Code
DULLES VA 20166

FEC ID number of contributing federal political committee. **C** C00525212

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 Y
10 / 15 / 2014

Transaction ID : SA11C.9111

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00325357

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 Y
10 / 15 / 2014

Transaction ID : SA11C.9113

Amount of Each Receipt this Period
1000.00

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 Y

Amount of Each Receipt this Period

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

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

2000.00

2000.00

**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 36 OF 52	
	<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. HAROLD BONNET		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 162 HARDING STREET		Amount of Each Disbursement this Period 555.00 Transaction ID : SB17.8878
City NORWALK State CT Zip Code 06854	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. SYDNEY CARROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 100 FIELDCREST DR		Amount of Each Disbursement this Period 202.00 Transaction ID : SB17.8914
City RIDGEFIELD State CT Zip Code 06877	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) C. CUMULUS MEDIA/WICC600		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 2 LAFAYETTE SQUARE		Amount of Each Disbursement this Period 4068.94 Transaction ID : SB17.8873
City BRIDGEPORT State CT Zip Code 06604	Purpose of Disbursement PLACED MEDIA	
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).....	4825.94
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 37 OF 52	
	<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. CUMULUS MEDIA/WICC600			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 2 LAFAYETTE SQUARE			Amount of Each Disbursement this Period 3993.94	
City BRIDGEPORT	State CT	Zip Code 06604	Transaction ID : SB17.8874	
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. JOSEPH DEMATTEO			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 54 LOCUST LAKE ROAD			Amount of Each Disbursement this Period 72.00	
City BLAIRSTOWN	State NJ	Zip Code 07825	Transaction ID : SB17.8880	
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. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014	
Mailing Address 27A MIDSTATE DRIVE SUITE 218			Amount of Each Disbursement this Period 812.56	
City AUBURN	State MA	Zip Code 01501	Transaction ID : SB17.8860	
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:				

SUBTOTAL of Disbursements This Page (optional).....	4878.50
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 38 OF 52	
	<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 10 / 13 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 949.36
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
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 : SB17.8865
State: District:		

Full Name (Last, First, Middle Initial) B. KYLE GREENHUT		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 240 ARBOR DRIVE		Amount of Each Disbursement this Period 184.00
City SOUTHPORT State CT Zip Code 06890	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)	Transaction ID : SB17.8884
State: District:		

Full Name (Last, First, Middle Initial) C. STEVEN KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 700.00
City STAMFORD State CT Zip Code 06805	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)	Transaction ID : SB17.8855
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1833.36
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 39 OF 52	
	<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. JOANNA MARIA LEONE		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 32 DALE RD		Amount of Each Disbursement this Period 660.00
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.8879
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. KATE LOMBARDOZZI		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 35 ACRE LN		Amount of Each Disbursement this Period 150.00
City RIDGEFIELD	State CT	
Zip Code 06877	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.8881
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. ELISE MAJOR		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00
City WESTON	State CT	
Zip Code 06883	Purpose of Disbursement PAYROLL	Transaction ID : SB17.8859
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).....	2060.00
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 40 OF 52	
	<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 / 13 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.8864
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. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.8858
City NEW HAVEN State CT Zip Code 06510	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. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 3250.00 Transaction ID : SB17.8863
City NEW HAVEN State CT Zip Code 06510	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:		

SUBTOTAL of Disbursements This Page (optional).....	4750.00
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 41 OF 52	
	<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 10 / 14 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 406.97
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 : SB17.8887
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 520 S. GRAND AVE 2ND FLOOR		Amount of Each Disbursement this Period 299.00
City LOS ANGELES State CA Zip Code 90071	Purpose of Disbursement MORRISON REIMBURSEMENT: OFFICE SUPPLIES	
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 : SB17.8892
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. OFFICEMAX		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 255 UNION STREET		Amount of Each Disbursement this Period 60.61
City WATERBURY State CT Zip Code 06804	Purpose of Disbursement MORRISON REIMBURSEMENT: OFFICE SUPPLIES	
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 : SB17.8889
State: District:		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	406.97
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 42 OF 52	
	<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 / 14 / 2014
Mailing Address 1496 FAIRFIELD WOODS ROAD		Amount of Each Disbursement this Period 117.50
City FAIRFIELD State CT Zip Code 06825	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.8877
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 705.84
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.8893
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 309.07
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.8894
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1132.41
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 43 OF 52	
	<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 / 03 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 48.88
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.8895
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 / 06 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 155.26
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.8896
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 / 07 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 261.63
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.8897
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).....	465.77
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 44 OF 52	
	<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 / 08 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 314.84 Transaction ID : SB17.8898
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 10 / 09 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 477.28 Transaction ID : SB17.8899
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 10 / 10 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 776.31 Transaction ID : SB17.8900
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).....	1568.43
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 45 OF 52	
	<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 / 14 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 28.75
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.8901
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 / 15 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 429.82
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.8902
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 10 / 14 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 13825.50
City SHELTON	State CT Zip Code 06824	
Purpose of Disbursement DIRECT MAIL:PRINTING & POSTAGE	Category/Type	Transaction ID : SB17.8903
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).....	14284.07
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 46 OF 52	
	<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. POLAND SPRINGS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 6661 DIXIE HWY SUITE 4		Amount of Each Disbursement this Period 244.61
City LOUISVILLE	State KY Zip Code 40258	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.8904
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. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00
City DERBY	State CT Zip Code 06418	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.8856
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. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00
City DERBY	State CT Zip Code 06418	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.8861
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).....	10244.61
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 47 OF 52	
	<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 10 / 14 / 2014	
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 2897.32	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.8905	
Purpose of Disbursement COMPLIANCE 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. RED MAVERICK MEDIA, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 403 N. SECOND STREET FL2			Amount of Each Disbursement this Period 8256.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.8906	
Purpose of Disbursement DIRECT MAIL:PRINTING & POSTAGE		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. RITE-AID			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 74 BRIDGE STREET			Amount of Each Disbursement this Period 5.09	
City EAST WINDSOR	State CT	Zip Code 06088	Transaction ID : SB17.8891	
Purpose of Disbursement MORRISON REIMBURSEMENT: OFFICE SUPPLIES		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).....	11153.32
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 48 OF 52	
	<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 10 / 14 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.8868
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 / 02 / 2014
Mailing Address 32 CHERRY STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.8857
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. ELYSE RYAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 32 CHERRY STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.8862
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:		

SUBTOTAL of Disbursements This Page (optional).....	2480.00
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 49 OF 52	
	<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. SCG		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO BOX 9112		Amount of Each Disbursement this Period 442.58
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement UTILITIES	Transaction ID : SB17.8908
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. SCOTT HOWELL & COMPANYY		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 3900 WILLOW STREET SUITE 200		Amount of Each Disbursement this Period 9026.00
City DALLAS	State TX	
Zip Code 75226	Purpose of Disbursement DIGITAL CONSULTING	Transaction ID : SB17.8909
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. SCOTT HOWELL & COMPANYY		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3900 WILLOW STREET SUITE 200		Amount of Each Disbursement this Period 18259.00
City DALLAS	State TX	
Zip Code 75226	Purpose of Disbursement DIGITAL CONSULTING	Transaction ID : SB17.8910
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).....	27727.58
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 50 OF 52	
	<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 / 10 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 10370.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.8911	
Purpose of Disbursement DIGITAL 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. SCOTT HOWELL & COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 9977.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.8912	
Purpose of Disbursement DIGITAL 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. SHERMAN STREET ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014	
Mailing Address 1499 POST ROAD			Amount of Each Disbursement this Period 5550.00	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.8913	
Purpose of Disbursement RENT & UTILITIES		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).....	25897.00
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 51 OF 52	
	<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 / 14 / 2014	
Mailing Address 12 FAIRGREEN LANE			Amount of Each Disbursement this Period 1290.00	
City OLD GREENWICH	State CT	Zip Code 06870	Transaction ID : SB17.8917	
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 LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 4785.75	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.8915	
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) C. THE UNITED ILLUMINATING COMPANY			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address PO BOX 9230			Amount of Each Disbursement this Period 239.55	
City CHELSEA	State MA	Zip Code 02150	Transaction ID : SB17.8916	
Purpose of Disbursement UTILITES		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).....	6315.30
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 52 OF 52			
	<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. VERBATIM SERVICES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address P.O. BOX 794		Amount of Each Disbursement this Period 941.60
City WEST CALDWELL	State NJ	
Zip Code 07007	Purpose of Disbursement DIRECT MAIL PRINTING	Transaction ID : SB17.8918
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.		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	
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	
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).....	941.60
TOTAL This Period (last page this line number only).....	120964.86