

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 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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y 09 / 30 / 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 M M / D D / Y Y Y Y 10 / 15 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DEBICELLA FOR CONGRESS 2014

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	320256.00	1098953.00
(b) Total Contribution Refunds (from Line 20(d))	8800.00	30900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	311456.00	1068053.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	527800.19	953238.57
(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)).....	527800.19	953238.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	114314.43	
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).....	295800.00	1007085.00
(ii) Unitemized.....	20456.00	65868.00
(iii) TOTAL of contributions from individuals ▶	316256.00	1072953.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	26000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	320256.00	1098953.00
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)..... ▶	320256.00	1098953.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	527800.19	953238.57
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	8800.00	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)).....	8800.00	30900.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	536600.19	984638.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	330658.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	320256.00
25. SUBTOTAL (add Line 23 and Line 24).....	650914.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	536600.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	114314.43

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 255
	<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)
KENNETH ABRAMOWITZ

Mailing Address P.O. BOX 958

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer NGN CAPITAL Occupation ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.8554

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MS. MARJORY E ABRAMS

Mailing Address 62 PEPPER RIDGE ROAD

City STAMFORD State CT Zip Code 06905

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

Name of Employer BOARDROOM INC Occupation PUBLISHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PATRICIA O ADAIR

Mailing Address 85 FABLE FARM RD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer SELF-EMPLOYED Occupation INTERIOR DESIGNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8378

Amount of Each Receipt this Period
300.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **245 TURTLEBACK RD**

City **NEW CANAAN** State **CT** Zip Code **06840**

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

Name of Employer **CAPITAL PARTNERS** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 17 / 2014

Transaction ID : SA11AI.8552

Amount of Each Receipt this Period
1000.00

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

Mailing Address **31 BALDWIN FARMS N**

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

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11AI.8358

Amount of Each Receipt this Period
250.00

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

Mailing Address **7983 VIZCAYA WAY**

City **NAPLES** State **FL** Zip Code **34108**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.8664

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 7 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. CATHERINE M ANDREWS

Mailing Address 26 OLD HILL RD

City WESTPORT State CT Zip Code 06880

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8021

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. FRED J ANTHONY

Mailing Address 90 HUNTINGTON ST

City SHELTON State CT Zip Code 06484

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

Name of Employer **ANTHONY & REALE** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8232

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
CATHERINE ARAUJO

Mailing Address 138 WALNUT TREE HILL RD

City SHELTON State CT Zip Code 06484

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

Name of Employer **SHELTON PUBLIC SCHOOLS** Occupation **FINANCE ASSISTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8217

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
PETER 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
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11A1.8477

Amount of Each Receipt this Period
250.00

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

Mailing Address 150 INWOOD ROAD

City State Zip Code
FAIRFIELD CT 06825

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

Name of Employer Occupation
COLES, BALDWIN & KAISER 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
09 / 30 / 2014

Transaction ID : SA11A1.8806

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRISTY M BEARDSLEY

Mailing Address 89 PEARMAIN RD

City State Zip Code
SHELTON CT 06484

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11A1.8289

Amount of Each Receipt this Period
100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 255
	<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)
F. JED BECKER

Mailing Address 294 MANSFIELD AVE

City DARIEN State CT Zip Code 06820

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

Name of Employer: EURPAC SERVICE, INC. Occupation: SALESMAN / GEN. MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 30 / 2014

Transaction ID : SA11AI.8780

Amount of Each Receipt this Period: 2000.00

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

Mailing Address 5 COVLEE DR

City WESTPORT State CT Zip Code 06880

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 31 / 2014

Transaction ID : SA11AI.8260

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1 WHEAT LANE

City DARIEN State CT Zip Code 06820

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

Name of Employer: KELLY ASSOCIATES Occupation: REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1300.00

Date of Receipt: 09 / 03 / 2014

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period: 300.00

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

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

2550.00

**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 255
	<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. MR. MORETON BINN		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 510 PARK AVENUE #5A		Transaction ID : SA11AI.8655	
City NEW YORK	State NY	Zip Code 10022	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF		
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. GARY BISBEE		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 377 MAIN STREET #1		Transaction ID : SA11AI.8558	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE HEALTH MANAGEMENT ACADEMY	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. BOBBY BLOUNT		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 145 MASON ST.		Transaction ID : SA11AI.8641	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer WEEDEN & CO	Occupation SALES TRADER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
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 11 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. RICHARD H BOIVIE

Mailing Address 194 CUTLERS FARM RD

City State Zip Code
MONROE CT 06468

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.8672

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. JENNIFER L BOWMAN

Mailing Address 27 DARBROOK ROAD

City State Zip Code
WESTPORT CT 06880

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
2600.00

REATTRIBUTED

C. Full Name (Last, First, Middle Initial)
MR. ROBERT G. BOWMAN

Mailing Address 27 DARBROOK ROAD

City State Zip Code
WESTPORT CT 06880

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8069

Amount of Each Receipt this Period
5200.00

SEE REATTRIBUTION BELOW

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

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

8050.00

**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 12 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. ROBERT G. BOWMAN

Mailing Address **27 DARBROOK ROAD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8070

Amount of Each Receipt this Period
-2600.00
 REATTRIBUTION

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

Mailing Address **158 ZACCHEUS MEAD LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.8099

Amount of Each Receipt this Period
250.00

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

Mailing Address **158 ZACCHEUS MEAD LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11AI.8480

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: PAGE 13 OF 255
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DOUGLAS W. BRANDRUP

Mailing Address 52 LAUREL LEDGE CT.

City State Zip Code
STAMFORD CT 06903

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY / INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 15 2014

Transaction ID : SA11A1.7864

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS W. BRANDRUP

Mailing Address 52 LAUREL LEDGE CT.

City State Zip Code
STAMFORD CT 06903

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY / INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SA11A1.8744

Amount of Each Receipt this Period
600.00

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

Mailing Address 26 DEEPWOOD RD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 08 2014

Transaction ID : SA11A1.8386

Amount of Each Receipt this Period
300.00

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

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

1900.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 255

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Mr. MARK BREINER

Mailing Address **85 MEADOWCREST DRIVE**

City **FAIRFIELD** State **CT** Zip Code **06825**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
09 / 22 / 2014

Transaction ID : SA11AI.8590

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM BROADBENT

Mailing Address **75 PECKSLAND ROAD**

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

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

Name of Employer **BARCLAYS** Occupation **INSTITUTIONAL EQUITY SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
09 / 23 / 2014

Transaction ID : SA11AI.8627

Amount of Each Receipt this Period
500.00

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

Mailing Address **11 HARBOR BLUFF LANE**

City **NORWALK** State **CT** Zip Code **06853**

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

Name of Employer **ENTREPRENEUR** Occupation **ENTREPRENEUR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
09 / 15 / 2014

Transaction ID : SA11AI.8478

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: PAGE 15 OF 255
(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)
JAMES T BROWN

Mailing Address 135 MIDDLEBROOK FARM RD

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
1500.00

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

Transaction ID : SA11AI.8413

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES BROWN, JR

Mailing Address 135 MIDDLEBROOK FARM

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8451

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. KAROL V BRUMIT

Mailing Address 19 CHURCH STREET S

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
HCSE ENGINEER

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
 08 / 06 / 2014

Transaction ID : SA11AI.8003

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 16 OF 255
(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)
LAWRENCE J BRUNOLI

Mailing Address 524 ANTELOPE TRL

City State Zip Code
HUNTINGTON CT 06484

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 22 2014

Transaction ID : SA11AI.8174

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
NORMAN BURGER

Mailing Address 122 PALMERS HILL RD.
1115

City State Zip Code
STAMFORD CT 06902

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 09 2014

Transaction ID : SA11AI.8027

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
NORMAN BURGER

Mailing Address 122 PALMERS HILL RD.
1115

City State Zip Code
STAMFORD CT 06902

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 Y Y
09 20 2014

Transaction ID : SA11AI.8581

Amount of Each Receipt this Period
250.00

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

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

700.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 17 OF 255

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. 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 HUSDON ADVISOR SERVICES INC Occupation INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

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

Transaction ID : SA11AI.8397

Amount of Each Receipt this Period
 250.00

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

Mailing Address 265 CHURCH ST

City NEW HAVEN State CT Zip Code 06510

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

Name of Employer J BUSH & COMPANY Occupation INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8739

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
SEAN CANNIZZARO

Mailing Address 31 BLACK TWIG PLACE

City STAMFORD State CT Zip Code 06903

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

Name of Employer THOMSON REUTERS Occupation VP-TAX

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.8063

Amount of Each Receipt this Period
 200.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 255
	<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)
SEAN CANNIZZARO

Mailing Address 31 BLACK TWIG PLACE

City State Zip Code
STAMFORD CT 06903

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

Name of Employer Occupation
THOMSON REUTERS VP-TAX

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.8730

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA C. CAREY

Mailing Address 207 LEROY AVE

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8383

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. DAVID B CARLSON

Mailing Address 29 FATHER PETERS LN

City State Zip Code
NEW CANAAN CT 06840

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8666

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 255
	<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 CASTROVINCI

Mailing Address 9 HIDDEN MEADOW LANE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AMSYN INC ADMINISTRATION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8275

Amount of Each Receipt this Period

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

Mailing Address 11 EDGERTON CT

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STRATEGIC VALUE PARTNERS LLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8784

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
HOLLY CHEESEMAN

Mailing Address 16 MITCHELL DR

City State Zip Code
NIANTIC CT 06357

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8009

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 20 OF 255
	<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)
HOLLY CHEESEMAN

Mailing Address 16 MITCHELL DR

City NIANTIC State CT Zip Code 06357

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
 08 / 14 / 2014

Transaction ID : SA11AI.8093

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
RUTH CHIUSANO

Mailing Address 495 JOAN DRIVE

City FAIRFIELD State CT Zip Code 68242

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2014

Transaction ID : SA11AI.8252

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
RENE CHRONERT

Mailing Address 10 MARLOW CT

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2014

Transaction ID : SA11AI.8702

Amount of Each Receipt this Period
1000.00

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

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

3625.00

**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 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Mr. ALLEN S. CHURCH

Mailing Address 140 PROPRIETOR'S CROSSING

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8649

Amount of Each Receipt this Period

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

Mailing Address 46 POWDERMAKER DRIVE

City State Zip Code
RIDGEFIELD CT 06877

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PREMIER BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8538

Amount of Each Receipt this Period

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

Mailing Address 28 WILTON CREST

City State Zip Code
WILTON CT 06897

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NORTHEAST RADIOLOGY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8631

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 22 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 130 PECKSLAND RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8750

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 8 SPRUCEWOOD LANE

City WESTPORT State CT Zip Code 06880

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

Name of Employer BRIDGEWATER Occupation INVESTMENT ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : SA11AI.7836

Amount of Each Receipt this Period
 1300.00

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

Mailing Address 1000 SOUTH OCEAN BLVD, UNIT 501

City BOCA RATON State FL Zip Code 33432

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8324

Amount of Each Receipt this Period
 2600.00

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

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

4900.00

**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 255	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ROD COLBURN

Mailing Address 1219 FOXBORO DRIVE

City NORWALK State CT Zip Code 06851

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

Name of Employer GOLDMAN SACHS Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.8248

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LANGDON PINGRY COOK

Mailing Address 195 WEST OLD MILL ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8676

Amount of Each Receipt this Period
1000.00

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

Mailing Address 117 CLEARVIEW LAKE

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer MERRITT CAPITAL Occupation INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8362

Amount of Each Receipt this Period
300.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 24 OF 255
(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)
MS. ANDREA C COTTON

Mailing Address 41 PINE MOUNTAIN ROAD

City State Zip Code
WEST REDDING CT 06896

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

Name of Employer Occupation
COLUMBIA GROUP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11AI.8470

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ANDREW J COWIN

Mailing Address 660 LAKE AVE

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
STABLE PARTNERS 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
 09 / 25 / 2014

Transaction ID : SA11AI.8647

Amount of Each Receipt this Period
500.00

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

Mailing Address 28 ISLAND WAY

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
DELOITTE CONSULTING PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8505

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **28 ISLAND WAY**

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

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

Name of Employer **DELOITTE CONSULTING** Occupation **PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8781

Amount of Each Receipt this Period
250.00

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

Mailing Address **100 HUNTINGTON STREET**

City **HUNTINGTON** State **CT** Zip Code **06484**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8079

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOYCE CRITELLI

Mailing Address **39 SHIELDS RD.**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8798

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 26 OF 255
	<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)
MICHAEL CRITELLI

Mailing Address 39 SHIELDS ROAD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
DOSSIA SERVICE CORPORATION PRESIDENT AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8800

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3 COPPER BEECH RD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. CHRIS CURRAN

Mailing Address 16 MAPLE AVE

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
CURRAN VOLKSWAGEN OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8818

Amount of Each Receipt this Period
300.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 255
	<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 DAPUZZO		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 18 PILOT ROCK LANE		Transaction ID : SA11AI.7970	
City RIVERSIDE	State CT	Zip Code 06878	
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 4100.00		

Full Name (Last, First, Middle Initial) PETER DAPUZZO		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 18 PILOT ROCK LANE		Transaction ID : SA11AI.8475	
City RIVERSIDE	State CT	Zip Code 06878	
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 4200.00		

Full Name (Last, First, Middle Initial) TODD C DAVIS		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 83 OLD KINGS HWY SOUTH		Transaction ID : SA11AI.8559	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer COWEN	Occupation INVESTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	2200.00

**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 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. LUCY DAY

Mailing Address 1 HILLSIDE DR

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8426

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. NATHANIEL B DAY

Mailing Address 1 HILLSIDE DRIVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11AI.7874

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. NATHANIEL B DAY

Mailing Address 1 HILLSIDE DRIVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8424

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MARY DAYTZ

Mailing Address 82 OLD HILL ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.8588

Amount of Each Receipt this Period
500.00

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

Mailing Address 7 CROSS RIDGE DRIVE

City OLD GREENWICH State CT Zip Code 06870

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

Name of Employer **UBS SECURITIES LLC** Occupation **INVESTMENT RESEARCH**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.8112

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NEIL DEFEO

Mailing Address 4067 SHELL ROAD

City SARASOTA State FL Zip Code 34242

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

Name of Employer **SELF EMPLOYED** Occupation **MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.8553

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: PAGE 30 OF 255
(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)
Mr. RONALD M DEFEO

Mailing Address 45 BEACHSIDE AVE

City WESTPORT State CT Zip Code 06880

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

Name of Employer TEREX CORPORATION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7926

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. RONALD M DEFEO

Mailing Address 45 BEACHSIDE AVE

City WESTPORT State CT Zip Code 06880

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

Name of Employer TEREX CORPORATION Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8428

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GARY DEFILIPPO

Mailing Address 43 PERCH RD

City SHELTON State CT Zip Code 06484

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

Name of Employer STRATFORD CT Occupation ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8220

Amount of Each Receipt this Period
100.00

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

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

800.00

**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 31 OF 255
	<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)
THEODORE DEINARD

Mailing Address 93 ROCKWOOD LANE

City GREENWICH State CT Zip Code 06830

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

Name of Employer QUADRANT MANAGEMENT Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.7972

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 143 OLD CHURCH ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer BECK MACK & OLIVER LLC Occupation MONEY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH DELUCA

Mailing Address 1106 SMITH RIDGE ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer FITWELL GROUP, LLC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2014

Transaction ID : SA11AI.8585

Amount of Each Receipt this Period
 500.00

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

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

3400.00

**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 255
	<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)
DOMINIC P DEMARCO

Mailing Address 133 SUNSET HILL ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer STADIUM CAPITAL MANAGEMENT, LLC Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MATT DESALVO

Mailing Address 52 DAWN HARBOR LANE

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer CRT CAPITAL Occupation SECURITIES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.8179

Amount of Each Receipt this Period
250.00

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

Mailing Address 309 CHAPEL HILL RD

City PALM BEACH State FL Zip Code 33480

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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11AI.8184

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 255
	<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)
AL DIGUIDO

Mailing Address **342 GREENS FARMS ROAD**

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

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

Name of Employer **SAUGATUCK SWEETS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.8688

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DANIEL DODGE

Mailing Address **129 IMPERIAL AVE**

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

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

Name of Employer **COLUMBUS CIRCLE INVESTORS** Occupation **TRADER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8796

Amount of Each Receipt this Period
250.00

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

Mailing Address **50 BREEZEMONT AVE**

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

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

Name of Employer **AMERICAN BAILEY CORP.** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 17 / 2014

Transaction ID : SA11AI.8546

Amount of Each Receipt this Period
300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.8194

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
DONALD DUFFY

Mailing Address 31 TALL PINES DRIVE

City WESTON State CT Zip Code 06883

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

Name of Employer **ICR** Occupation **CONSULTING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11AI.8469

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JEFFREY DUNNE

Mailing Address 90 BUTTERNUT LANE

City SOUTHPORT State CT Zip Code 06890

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.7918

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **2 DEVILS GARDEN ROD**

City **NORWALK** State **CT** Zip Code **06854**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8350

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MS. JOAN W DUPONT

Mailing Address **303 HULLS FARM ROAD**

City **SOUTHPORT** State **CT** Zip Code **06890**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8043

Amount of Each Receipt this Period
200.00

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

Mailing Address **156 PEAR TREE POINT ROAD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.7893

Amount of Each Receipt this Period
2600.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MARY DYER

Mailing Address **2 MCLAREN ROAD SOUTH**

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

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

Name of Employer **MERRITT** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.8732

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
SAMUEL J EDELSTON

Mailing Address **34 DAFFODIL LANE**

City **COS COB** State **CT** Zip Code **06807**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11AI.8122

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHANNA ENGEL

Mailing Address **9 CRICKLEWOOD ROAD**

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

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

Name of Employer **ENTREPRENEUR** Occupation **PAINTER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11AI.8354

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 37 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. ROBERT ERCOLINI		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 195 BRIDLE PATH		Transaction ID : SA11AI.7829	
City NORTH ANDOVER	State MA	Zip Code 01845	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer KEE 55, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. ROBERT ERCOLINI		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 195 BRIDLE PATH		Transaction ID : SA11AI.8233	
City NORTH ANDOVER	State MA	Zip Code 01845	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer KEE 55, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

Full Name (Last, First, Middle Initial) C. ROBERT ERCOLINI		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 195 BRIDLE PATH		Transaction ID : SA11AI.8540	
City NORTH ANDOVER	State MA	Zip Code 01845	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer KEE 55, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
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: PAGE 38 OF 255
(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)
ERIC FAST

Mailing Address **29 HILLSIDE ROAD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.8396

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
PATRICIA FAST

Mailing Address **29 HILLSIDE ROAD**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.8412

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MICHAEL FEDELE

Mailing Address **64 HUCKLEBERRY HOLLOW
SUITE 18**

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

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

Name of Employer **THE PINNACLE GROUP** Occupation **PRESIDENT/CEO**

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
08 / 01 / 2014

Transaction ID : SA11AI.7985

Amount of Each Receipt this Period
500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. GREGORY FELL		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 60 HOLLY DALE RD		Transaction ID : SA11AI.7866
City FAIRFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CRISPLY	Occupation CHIEF STRATEGY OFFICER	Election Cycle-to-Date 550.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. GREGORY FELL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address 60 HOLLY DALE RD		Transaction ID : SA11AI.8471
City FAIRFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CRISPLY	Occupation CHIEF STRATEGY OFFICER	Election Cycle-to-Date 850.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. MR. RICHARD D FIELD		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2014
Mailing Address 49 LOCUST AVENUE		Transaction ID : SA11AI.8161
City NEW CANAAN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 40 OF 255
	<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)
ROBERT L FISCUS

Mailing Address 86 CRICKET LANE

City HUNTINGTON State CT Zip Code 06484

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.7994

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DESMOND FITZGERALD

Mailing Address 25 CARRINGTON AVE

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.7969

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DESMOND FITZGERALD

Mailing Address 25 CARRINGTON AVE

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8808

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 41 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Mr. ALBERT J FITZGIBBONS

Mailing Address 234 TACONIC RD

City GREENWICH State CT Zip Code 06831-3141

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

Name of Employer STONINGTON PARTNERS Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8485

Amount of Each Receipt this Period
500.00

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

Mailing Address 9 SASQUA RD

City NORWALK State CT Zip Code 06855

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

Name of Employer DICKSTEIN SHAPIRO Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8500

Amount of Each Receipt this Period
500.00

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

Mailing Address 125 FROGTOWN ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer BOGEN CORPORATION Occupation BUSINESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8381

Amount of Each Receipt this Period
300.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. OLIVIA R FLOREN

Mailing Address 210 ROUND HILL ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

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
 08 / 21 / 2014

Transaction ID : SA11AI.8135

Amount of Each Receipt this Period
500.00

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

Mailing Address 470 MINE HILL ROAD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer INDEXIQ Occupation BUSINESS OWNERS / FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11AI.7880

Amount of Each Receipt this Period
500.00

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

Mailing Address 470 MINE HILL ROAD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer INDEXIQ Occupation BUSINESS OWNERS / FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8791

Amount of Each Receipt this Period
2100.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 255
	<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)
TOM FOLEY

Mailing Address 62 KHAKUM WOOD ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer NTC GROUP Occupation BUSINESS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 27 / 2014

Transaction ID : SA11AI.7908

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
CLIFFORD FOX

Mailing Address 16 LORDS HILL WAY

City WILTON State CT Zip Code 06897

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

Name of Employer COLUMBUS CIRCLE INVESTORS Occupation PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11AI.8646

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
MR. GREGORY J FRANCOEUR

Mailing Address 95 DEERFIELD DR

City TRUMBULL State CT Zip Code 06611

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

Name of Employer NORTH STAR PARTNERS Occupation OPERATIONS MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8008

Amount of Each Receipt this Period
 300.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
BARBARA FRANKLIN

Mailing Address 1875 PERKINS STREET

City State Zip Code
BRISTOL CT 06010

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

Name of Employer Occupation
ENTRPRENEUR ENTRPRENEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8741

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
SARA FRANZESE

Mailing Address 39 INTERVALE ROAD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8342

Amount of Each Receipt this Period
300.00

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

Mailing Address 9 BROOKSIDE DRIVE

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
LYDIAN ADVISORY GROUP LLC INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2014

Transaction ID : SA11AI.8556

Amount of Each Receipt this Period
2600.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 255
(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. BRIAN S. GAINES

Mailing Address 51 MAPLE AVENUE N

City State Zip Code
WESTPORT 06880 CT 06880

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
LUIS A GALLI JR

Mailing Address 305 DERBY AVE

City State Zip Code
ORANGE CT 06477

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

Name of Employer Occupation
UBS INFORMATION TECHNOLOGY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8210

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
LUIS A GALLI JR

Mailing Address 305 DERBY AVE

City State Zip Code
ORANGE CT 06477

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

Name of Employer Occupation
UBS INFORMATION TECHNOLOGY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period
300.00

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 46 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 100 PARROTT DR

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
NEXSPRING GROUP LLC SR. MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11AI.7991

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. DON GATSON

Mailing Address 43 BALDWIN FARMS NORTH

City State Zip Code
GREENWHICH CT 06831

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7933

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL M GAULT

Mailing Address 5 COUNTRY ROAD

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
GAULT ENERGY & STONE BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.8163

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 255
	<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)
JON GAVIN

Mailing Address **81 GREEN LANE**

City **DURHAM** State **CT** Zip Code **06422**

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

Name of Employer **UNITED CONCRETE** 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
07 / 25 / 2014

Transaction ID : SA11AI.7902

Amount of Each Receipt this Period
2600.00

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

Mailing Address **552 1ST STREET**

City **BROOKLYN** State **NY** Zip Code **11215**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8492

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. LOUIS S GIMBEL IV

Mailing Address **11 MOUNTAIN WOOD DR**

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

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

Name of Employer **S.S. STEINER, INC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.8423

Amount of Each Receipt this Period
250.00

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 48 OF 255
(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)
PETER K GOGOLAK

Mailing Address P.O. BOX 1166

City DARIEN State CT Zip Code 06820

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

Name of Employer RR DONNELLEY Occupation PRINTING SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 900.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.7853

Amount of Each Receipt this Period
 _____ 300.00

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

Mailing Address P.O. BOX 1166

City DARIEN State CT Zip Code 06820

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

Name of Employer RR DONNELLEY Occupation PRINTING SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8371

Amount of Each Receipt this Period
 _____ 300.00

C. Full Name (Last, First, Middle Initial)
Mr. EDWARD B GOODNOW

Mailing Address 9 OLD KINGS HIGHWAY

City DARIEN State CT Zip Code 06820

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8321

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 1809 BLACK ROCK TURNPIKE
STE 2

City State Zip Code
FAIRFIELD CT 06825

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

Name of Employer Occupation
THOMAS M. GRAHAM & COMPANY, INC CO-OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7931

Amount of Each Receipt this Period
250.00

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

Mailing Address 619 STEAMBOAT RD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.8056

Amount of Each Receipt this Period
500.00

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

Mailing Address 619 STEAMBOAT RD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8789

Amount of Each Receipt this Period
100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 255
	<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)
RUSSELL J GREENBERG

Mailing Address 15 MICHAELS WAY

City WESTON State CT Zip Code 06883

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

Name of Employer ALTUS CAPITAL PARTNERS Occupation INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.8619

Amount of Each Receipt this Period
500.00

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

Mailing Address PO BOX 449

City WEST STOCLBRIDGE State MA Zip Code 01266

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

Name of Employer TM CAPITAL CORP Occupation BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.7912

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PETER BLAKEWELL GRIFFIN

Mailing Address 315 MILBANK AVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer LEXUS OF GREENWICH Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.8630

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 255
	<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)
JANICE GRIFFITHS

Mailing Address 494 MANSFIELD AVENUE

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: **250.00**

Date of Receipt: **09 / 30 / 2014**

Transaction ID : SA11AI.8759

Amount of Each Receipt this Period: **250.00**

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

Mailing Address 955 NORTH PARK AVE. EXT.

City REDDING State CT Zip Code 06896

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

Name of Employer: **REXEL HOLDING USA CORP** Occupation: **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **09 / 05 / 2014**

Transaction ID : SA11AI.8353

Amount of Each Receipt this Period: **250.00**

C. Full Name (Last, First, Middle Initial)
ANTHONY GUZZI

Mailing Address 85 QUARTER HORSE LANE

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer: **EMCOR GROUP** Occupation: **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2000.00**

Date of Receipt: **09 / 30 / 2014**

Transaction ID : SA11AI.8811

Amount of Each Receipt this Period: **1000.00**

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 52 OF 255
(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)
LAWRENCE HABER

Mailing Address 62 CHESTER STREET

City State Zip Code
STAMFORD CT 06905

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8012

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE HABER

Mailing Address 62 CHESTER STREET

City State Zip Code
STAMFORD CT 06905

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
 09 / 16 / 2014

Transaction ID : SA11AI.8524

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM LEE HANLEY JR

Mailing Address 250 JUNGLE RD

City State Zip Code
PALM BEACH FL 33480

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8421

Amount of Each Receipt this Period
2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 255
	<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. VIRGINIA HARGER		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 26 MEADOWRIDGE DRIVE		Transaction ID : SA11AI.8223	
City SHELTON	State CT	Zip Code 06484	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer ST. JOSEPH CHURCH	Occupation OFFICE MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM B HARRISON JR.		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 74 VINEYARD LANE		Transaction ID : SA11AI.8487	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer JP MORGAN CHASE	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. GEORGE HAWES		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 6 RICHMOND ROAD		Transaction ID : SA11AI.8476	
City ROWAYTON	State CT	Zip Code 06853	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED	Occupation INVESTMENTS		
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).....	700.00
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 54 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
RUSSELL HAYDEN

Mailing Address 125 SUNFLOWER AVENUE

City State Zip Code
STRATFORD CT 06614

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

Name of Employer Occupation
PREMIER MANUFACTURING PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.8712

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHARLES HEAD

Mailing Address 73 FILLow STREET

City State Zip Code
NORWALK CT 06850

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.7896

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PER HEIDENREICH

Mailing Address 4 SOUND SHORE DRIVE

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
SONITOR TECHNOLOGIES INC EX. CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.8542

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 255
	<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)
CAROLYN HELDERMAN

Mailing Address 322 HARBOR 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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.8279

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8319

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. BRIAN J HENRY

Mailing Address 500 OLD ACADEMY ROAD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer **TEREX CORP** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7944

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. BRIAN J HENRY

Mailing Address 500 OLD ACADEMY ROAD

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TEREX CORP EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8663

Amount of Each Receipt this Period

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

Mailing Address 114 ZACCHEUS MEAD LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INVESTOR LINCOLNSHIRE MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8461

Amount of Each Receipt this Period

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

Mailing Address 697 VALLEY RD

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8293

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 57 OF 255
	<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)
EDWARD HILLENMEYER

Mailing Address 977 SUNSET ROAD

City State Zip Code
STAMFORD CT 06903

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

Name of Employer Occupation
NORTH STAR PARTNERS INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11A1.7984

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MS. SARAH A HINER

Mailing Address 3 WINDRUSH LANE

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
THE BOARDROOM PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11A1.8126

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL D HOBBS

Mailing Address 249 MAIN STREET

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11A1.8303

Amount of Each Receipt this Period
250.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 255
	<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 HOCKER

Mailing Address 45 PICKETTS RIDGE ROAD

City State Zip Code
REDDING CT 06896

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

Name of Employer Occupation
POWERBRIDGE, LLC VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8336

Amount of Each Receipt this Period
250.00

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

Mailing Address 144 INDIAN HEAD RD

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8792

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOEL W HURLIMAN

Mailing Address 145 CANAL STREET
UNIT 201

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
SHELTON POLICE DEPT CHIEF OF POLICE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.8178

Amount of Each Receipt this Period
100.00

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 59 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 61 HIGH RIDGE AVE

City State Zip Code
RIDGEFIELD CT 06877

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8086

Amount of Each Receipt this Period

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

Mailing Address 90 EAST ELM STREET

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MANURSING ZPARTNERS LLC MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7904

Amount of Each Receipt this Period

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

Mailing Address 15 WITHERELL DRIVE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CLIFTON BROKERAGE CORPORATION INSURANCE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8389

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: PAGE 60 OF 255
(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)
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 **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.8708

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
CHRIS JEWELL

Mailing Address 6 KNOLL ST

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer CREDIT SUISSE Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.7833

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GARY JOHNSON

Mailing Address 1051 CEDAR RD

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer CAN CAPITAL INC Occupation SPECIALTY FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.8453

Amount of Each Receipt this Period
2600.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 255
	<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)
JILL JONES

Mailing Address **4 COMPO PARKWAY**

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

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

Name of Employer **INDEPENDENT CONTRACTOR** Occupation **CLINICAL SOCIAL WORKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.8415

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
TOM 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 **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.8459

Amount of Each Receipt this Period
2600.00

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

Mailing Address **22 LAKEVIEW**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.7839

Amount of Each Receipt this Period
2000.00

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

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

7200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DENNIS KEEGAN

Mailing Address **22 LAKEVIEW**

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

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 **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8339

Amount of Each Receipt this Period
3200.00

EXCESS TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
MR. EUGENE V. KELLY

Mailing Address **790 ANDREWS AVE
APT. H101**

City **DELRAY BEACH** State **FL** Zip Code **33483**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11AI.8370

Amount of Each Receipt this Period
2000.00

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

Mailing Address **3 LAKE DRIVE**

City **OLD LYME** State **CT** Zip Code **06371**

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

Name of Employer **HAMILTON POINT INVESTMENTS** Occupation **MANAGING PRINCIPAL**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.7964

Amount of Each Receipt this Period
500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. THOMAS B KETCHUM

Mailing Address 185 ROUND HILL RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8652

Amount of Each Receipt this Period
1000.00

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

Mailing Address 141 GODFREY ROAD

City WESTON State CT Zip Code 06883

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

Name of Employer WESTBRIDGE INVESTMENT GROUP Occupation INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8535

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. PAUL E KNAG

Mailing Address 27 MILLER RD

City DARIEN State CT Zip Code 06820

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

Name of Employer MARTHA CULLINA Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8388

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 64 OF 255
	<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) Mr. WILLIAM R KNOBLOCH		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 452 COUNTRY CLUB RD		Transaction ID : SA11AI.8042	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) Mr. WILLIAM R KNOBLOCH		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 452 COUNTRY CLUB RD		Transaction ID : SA11AI.8292	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF		
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) LORI KONOLIGE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 40 E TTL LANE		Transaction ID : SA11AI.8757	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation PR CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

SUBTOTAL of Receipts This Page (optional).....	950.00
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 65 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 75 MAYWOOD RD

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
MAYWOOD ADVISORS, LLC FINANCIAL 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
 09 / 08 / 2014

Transaction ID : SA11AI.8373

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. BRIAN KURTZ

Mailing Address 6 GROVE POINT ROAD

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
BOARDROOM INC VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.8124

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KRISTIN LAFLEUR

Mailing Address 93 NEWTOWN TPK

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
PROJECT RETURN DEVELPOMENT ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.8116

Amount of Each Receipt this Period
250.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 255
	<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)
KRISTIN LAFLEUR

Mailing Address 93 NEWTOWN TPK

City WESTPORT State CT Zip Code 06880

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

Name of Employer PROJECT RETURN Occupation DEVELOPMENT ASSOCIATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11A1.8474

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HOWARD LANDIS

Mailing Address 72 LOGAN 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11A1.8632

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DENISE B LARSON

Mailing Address 77 MORNING GLORY DRIVE

City EASTON State CT Zip Code 06612

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11A1.8360

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 67 OF 255
	<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. HELEN HISUN LASERSOHN

Mailing Address 304 NORTH AVE

City WESTPORT State CT Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8496

Amount of Each Receipt this Period
 1600.00

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

Mailing Address 429 SILVERMINE RD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer GREAT EASTERN ENERGY Occupation TRADING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8318

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JIM LAVELLE

Mailing Address 9 RIVERFIELD DRIVE

City WESTON State CT Zip Code 06883

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

Name of Employer HOULIHAN LOKEY Occupation MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.8544

Amount of Each Receipt this Period
 500.00

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

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 255
	<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)
LARRY JAY LAWRENCE

Mailing Address 40 BROOKRIDGE DR

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.7978

Amount of Each Receipt this Period
1000.00

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

Mailing Address 85 BENTWOOD DRIVE

City STAMFORD State CT Zip Code 06903

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

Name of Employer NEUBERGER BERMAN Occupation INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2014

Transaction ID : SA11AI.7910

Amount of Each Receipt this Period
500.00

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

Mailing Address 1040 5TH AVENUE

City NEW YORK State NY Zip Code 10028

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

Name of Employer MASTERSTREET Occupation ENTREPRENEUR / 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 Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.8733

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 69 OF 255
(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)
BRITTA A LERNER

Mailing Address 15 BRICK HILL RD

City WESTON State CT Zip Code 06883

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

Name of Employer SELF-EMPLOYED Occupation MEDICAL PUBLISHING CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8000

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
MR. HAROLD J LEVY

Mailing Address 15 CHARCOAL HILL ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer IRIDIAN Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8329

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
LEORA LEVY

Mailing Address 59 PECKSLAND RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 4200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11AI.8637

Amount of Each Receipt this Period
 1600.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 255
	<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. NAN LEVY		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 18 MAYFAIR LANE		Transaction ID : SA11AI.8537	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
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 500.00		

Full Name (Last, First, Middle Initial) B. PETER LEVY		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 18 MAYFAIR LANE		Transaction ID : SA11AI.8087	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer KAMBER MANAGEMENT	Occupation REAL ESTATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) C. PETER LEVY		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 18 MAYFAIR LANE		Transaction ID : SA11AI.8343	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer KAMBER MANAGEMENT	Occupation REAL ESTATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 71 OF 255
	<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 M. LEVY

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RAYMOND W LEYDEN JR

Mailing Address 82 STRAWBERRY HILL AVE
APT 4

City STAMFORD State CT Zip Code 06902

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7929

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KENNETH LONDONER

Mailing Address 10 RED COAT ROAD

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee.

Name of Employer ENDICOTT MANAGEMENT PARTNERS, LLC Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8636

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 72 OF 255
	<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)
PATRICIA LOVEJOY

Mailing Address **48 BURYINGHILL ROAD**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.8016

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MORTON LOWENTHAL

Mailing Address **72 WINDWARD LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11AI.8166

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DONALD F LUCEY

Mailing Address **7 MEADOW LN**

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

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

Name of Employer **PBF ENERGY** Occupation **EVP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8489

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 20 CHURCH STREET
APT A64

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : SA11AI.8258

Amount of Each Receipt this Period
50.00

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

Mailing Address 20 CHURCH STREET
APT A64

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11AI.8481

Amount of Each Receipt this Period
50.00

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

Mailing Address 20 CHURCH STREET
APT A64

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2014

Transaction ID : SA11AI.8695

Amount of Each Receipt this Period
50.00

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
TOM LUDDY

Mailing Address **64 HEATHER DRIVE**

City **NEW CANAAN** State **CT** Zip Code **06840**

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

Name of Employer **JPMORGAN** Occupation **ASSET MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 06 / 2014

Transaction ID : SA11AI.8356

Amount of Each Receipt this Period
2600.00

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

Mailing Address **24 GILLMAN LN**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.8729

Amount of Each Receipt this Period
1000.00

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

Mailing Address **862 SCIOTO DRIVE**

City **FRANKLIN LAKES** State **NJ** Zip Code **07417**

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

Name of Employer **MCDERMOTT WILL & EMERY** Occupation **LAWYER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period
250.00

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 75 OF 255
(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. SUSAN E. LYNCH

Mailing Address **8 BAYBERRY LANE**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
09 / 26 / 2014

Transaction ID : SA11Al.8667

Amount of Each Receipt this Period
100.00

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

Mailing Address **21 CORRIGAN LANE**

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

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
350.00

Date of Receipt
07 / 07 / 2014

Transaction ID : SA11Al.7844

Amount of Each Receipt this Period
100.00

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

Mailing Address **21 CORRIGAN LANE**

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

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
09 / 19 / 2014

Transaction ID : SA11Al.8580

Amount of Each Receipt this Period
200.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 80 WINTON ROAD

City State Zip Code
FAIRFIELD CT 06824

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8509

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
JASON MANDEL

Mailing Address 606 POST ROAD EAST #516

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
TOWER STRATEGIC GROUP, LLC INSURANCE ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2014

Transaction ID : SA11AI.8548

Amount of Each Receipt this Period
300.00

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

Mailing Address 719 PONUS RIDGE

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

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

Transaction ID : SA11AI.8398

Amount of Each Receipt this Period
300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 255	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) MR. JEFFREY MARON		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 169 EAST LANE		Transaction ID : SA11AI.7862
City STAMFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MARKITSERV	Occupation MD	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) MR. PETER M MARSCHALK		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 70 FABLE FARM ROAD		Transaction ID : SA11AI.8298
City NEW CANAAN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) OLVIER MARTI		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 16 KNOBLOCH LANE		Transaction ID : SA11AI.8550
City STAMFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CCI	Occupation FINANCE	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. MS. KIMBERLY A MARTIN		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 11 WEDGEWOOD RD		Transaction ID : SA11AI.8019	
City WESTPORT	State CT	Zip Code 06880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. ANTHONY MARTINI		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 1234 SUMMER STREET		Transaction ID : SA11AI.7974	
City STAMFORD	State CT	Zip Code 06905	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer SELF-EMPLOYED	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. CAROL C MATHER		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 6 FRANCINE DRIVE		Transaction ID : SA11AI.8310	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

SUBTOTAL of Receipts This Page (optional).....	2550.00
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 79 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 998 POND MEADOW ROAD

City WESTBROOK State CT Zip Code 06498

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

Name of Employer MCDERMOTT WILL & EMERY LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.8719

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DIANE MATT

Mailing Address 148 CLAPBOARD RIDGE ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8198

Amount of Each Receipt this Period
2600.00

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.8114

Amount of Each Receipt this Period
1000.00

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 80 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **2 ANDREWS ROAD**

City **ESSEX** State **CT** Zip Code **06426**

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

Name of Employer **MANHATTAN REALTY GROUP** Occupation **PROPERTY MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8514

Amount of Each Receipt this Period
250.00

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

Mailing Address **267 BROOKBEND ROAD**

City **FAIRFIELD** State **CT** Zip Code **06824**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 23 / 2014

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period
1000.00

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

Mailing Address **597 WESTPORT AVE
UNIT B332**

City **NORWALK** State **CT** Zip Code **06851**

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

Name of Employer **BRIDGWATER ASSOCIATES** Occupation **RELATIONSHIP MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 28 / 2014

Transaction ID : SA11AI.8701

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 255
	<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)
BERNARD H MCGORTY

Mailing Address 30 WIGWAM DR

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
WILLIAM RAVEIS REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2014

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS. PAULA G MCINERNEY

Mailing Address 16 BLUFF PT

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
BLUFF POINT ASSOCIATES VENTURE CAPITAL INVESTORS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8508

Amount of Each Receipt this Period
2600.00

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

Mailing Address 45 BENNINGTON PL

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
3100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8506

Amount of Each Receipt this Period
2600.00

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 82 OF 255	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
ROY C. MCKAY

Mailing Address 11 WILDWOOD LANE

City WESTPORT State DC Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2014

Transaction ID : SA11AI.8261

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROY C. MCKAY

Mailing Address 11 WILDWOOD LANE

City WESTPORT State DC Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.8713

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES M MCLAUGHLIN JR.

Mailing Address 589 WEST RD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8369

Amount of Each Receipt this Period
300.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 12 COLONIAL LANE

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer SIDLEY AUSTIN LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11Al.7920

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
VINCENT K MCMAHON

Mailing Address 14 HURLINGHAM DR

City GREENWICH State CT Zip Code 06831

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

Name of Employer WWF Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2014

Transaction ID : SA11Al.7879

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
AUDREY MCNIFF

Mailing Address 102 ZACCHEUS MEAD LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11Al.8618

Amount of Each Receipt this Period
 500.00

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

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

5700.00

**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 84 OF 255
	<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)
GREG MELICH

Mailing Address **1 PETTICOAT LANE**

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

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

Name of Employer **ISI** Occupation **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
09 / 19 / 2014

Transaction ID : SA11AI.8575

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT V MENDELSON

Mailing Address **6 QUINTARD AVE**

City **OLD GREENWICH** State **CT** Zip Code **06780**

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.8251

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. HENRY F MERRITT

Mailing Address **PO BOX 50**

City **REDDING RIDGE** State **CT** Zip Code **06876**

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
07 / 30 / 2014

Transaction ID : SA11AI.7951

Amount of Each Receipt this Period
250.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 85 OF 255
(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)
MARSHA S MIFFLIN

Mailing Address 34 ANDERSON RD

City State Zip Code
GREENWICH CT 06830

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 Y Y
 08 / 22 / 2014

Transaction ID : SA11AI.8171

Amount of Each Receipt this Period
500.00

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

Mailing Address 85 ROUND HILL ROAD

City State Zip Code
GREENWICH CT 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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.8593

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JENNIFER B MITCHELL

Mailing Address 1 ALEXANDER LANE

City State Zip Code
WESTON CT 06883

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.7999

Amount of Each Receipt this Period
4000.00
SEE REATTRIBUTION BELOW

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

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

7100.00

**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 86 OF 255
	<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)
JENNIFER B MITCHELL

Mailing Address 1 ALEXANDER LANE

City WESTON State CT Zip Code 06883

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

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

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
 08 / 06 / 2014

Transaction ID : SA11AI.8821

Amount of Each Receipt this Period
 REATTRIBUTION
 -1900.00

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

Mailing Address 250 EAST 54TH ST - APT 38D

City NEW YORK State NY Zip Code 10022

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 Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.8098

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MAX MITCHELL

Mailing Address 1 ALEXANDER LANE

City WESTON State CT Zip Code 06883

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8822

Amount of Each Receipt this Period
 REATTRIBUTED
 1900.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. GARY H MIYASHIRO		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 41 SULLIVAN DR		Transaction ID : SA11AI.8309	
City WEST REDDING	State CT	Zip Code 06896	
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 450.00		

Full Name (Last, First, Middle Initial) B. SUZANNE BURR MONACO		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 76 WESTFIELD DRIVE		Transaction ID : SA11AI.8216	
City TRUMBULL	State CT	Zip Code 06611	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer CALLIGRAPHY BY SUZANNE	Occupation SOLE PROPRIETOR		
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) C. SALLY MORGAN		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2014	
Mailing Address 23 PALMER TERRACE		Transaction ID : SA11AI.8698	
City RIVERSIDE	State CT	Zip Code 06878	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	650.00
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 88 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 135 OENOKE RDGE

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
 09 / 08 / 2014

Transaction ID : SA11AI.8361

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JASON H MUDD

Mailing Address 144 SHERMAN CT

City FAIRFIELD State CT Zip Code 06824

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7955

Amount of Each Receipt this Period
500.00

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

Mailing Address 998 FAIRFIELD BEACH RD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer ALTRIA GROUP, INC. Occupation CORPORATE FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2014

Transaction ID : SA11AI.8262

Amount of Each Receipt this Period
100.00

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

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

1100.00

**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 89 OF 255
	<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 M MULROY

Mailing Address **1 BROAD STREET
UNIT 31F**

City **STAMFORD** State **CT** Zip Code **06901**

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

Name of Employer **T REX LLC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.8110

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LINDA A MURPHY TAVLARIOS

Mailing Address **15 WRENFIELD LANE**

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

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.7889

Amount of Each Receipt this Period
500.00

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

Mailing Address **7 SEA SPRAY RD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8494

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 42 PERCH ROAD

City State Zip Code
SHELTON CT 06484

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.8120

Amount of Each Receipt this Period
250.00

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

Mailing Address 1084 PALM WAY
LOST TREE VILLAGE

City State Zip Code
NORTH PALM BEACH FL 10348

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

Name of Employer Occupation
SPENCER STUART EXECUTIVE SEARCH CONSULTANT

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
 09 / 18 / 2014

Transaction ID : SA11AI.8562

Amount of Each Receipt this Period
2500.00

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

Mailing Address 94 THAYER DRIVE

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8364

Amount of Each Receipt this Period
500.00

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

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

3250.00

**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 91 OF 255
	<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)
PHYLLIS NICHOLAS

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.7963

Amount of Each Receipt this Period
200.00

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

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.8017

Amount of Each Receipt this Period
200.00

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

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8533

Amount of Each Receipt this Period
200.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
WILLIAM H NICKERSON

Mailing Address 35 QUAIL RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer E.A HOFFMAN MGT INC Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11A1.8751

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. JANE H NIELSEN

Mailing Address 3 PARLEY LN

City RIDGEFIELD State CT Zip Code 06877

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

Name of Employer PEPSICO Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11A1.8648

Amount of Each Receipt this Period
2100.00

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

Mailing Address 3 PARLEY LANE

City RIDGEFIELD State CT Zip Code 06877

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

Name of Employer PRAXAIR INC Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11A1.8680

Amount of Each Receipt this Period
2100.00

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

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

4700.00

**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 93 OF 255
	<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)
GREG NIKODEM

Mailing Address 3002 R STREET NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer THE CARLYLE GROUP Occupation PRINCIPAL

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
 07 / 10 / 2014

Transaction ID : SA11AI.7848

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID R NISSEN

Mailing Address 156 BEARS CLUB DRIVE

City JUPITER State FL Zip Code 03347

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.8083

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PETER NOLIN

Mailing Address 2 DOUGLAS DRIVE

City NORWALK State CT Zip Code 06850

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7962

Amount of Each Receipt this Period
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 255
	<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)
KATHLEEN O'CONNOR

Mailing Address 30 WESTWOOD ROAD

City WESTHARTFORD State CT Zip Code 06117

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

Name of Employer MCKENNALONG & ALDRIDGE Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8391

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. JOHN O'MARA

Mailing Address 12 SHERWOOD FARM LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8810

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER OHL

Mailing Address 148 CLAPBOARD RIDGE ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer APACHE OIL COMPANY, INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8241

Amount of Each Receipt this Period
2600.00

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

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

3450.00

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

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

FOR LINE NUMBER: PAGE 95 OF 255
(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)
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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.7998

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. BRUCE G ORR

Mailing Address 4 NOLEN LN

City DARIEN State CT Zip Code 06820

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOE PALMER

Mailing Address 263 MIDDLEBROOK DR

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer RADIUS Occupation SALES/MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2014

Transaction ID : SA11AI.8186

Amount of Each Receipt this Period
250.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 255
	<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)
JANE H PAPA

Mailing Address 29 PHILIP DR

City State Zip Code
SHELTON CT 06484

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
325.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8078

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WILLIAM PARRETT

Mailing Address 433 COUNTRY CLUB RD W

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
SELF EMPLOYED CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period
1000.00

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

Mailing Address 44 CEDAR CLIFF ROAD

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
PINNACLE ADVISOR INVESTMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8314

Amount of Each Receipt this Period
500.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 255
	<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)
STAN PEARSON

Mailing Address 3632 CONGRESS STREET

City State Zip Code
FAIRFIELD CT 06824

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NEW YORK LIFE FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8611

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. ROBERT S. PERKINS

Mailing Address 160 BROOKSIDE RD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED FREELANCE MUSIC PRODUCER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8385

Amount of Each Receipt this Period

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

Mailing Address 25 CONYERS FARM DRIVE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INTERACTIVE BROKERS GROUP CHAIRMAN & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.8532

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 98 OF 255
	<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) MR. BARNET PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2014
Mailing Address 6 HYCLIFF RD		Transaction ID : SA11AI.8608
City GREENWICH	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
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 900.00	

Full Name (Last, First, Middle Initial) MR. SHARON PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2014
Mailing Address 6 HYCLIFF RD		Transaction ID : SA11AI.8312
City GREENWHICH	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) MR. SHARON PHILLIPS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2014
Mailing Address 6 HYCLIFF RD		Transaction ID : SA11AI.8606
City GREENWHICH	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1100.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 99 OF 255
	<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)
ROGER JOHN PILC

Mailing Address 53 WINTHROP DR

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer PITNEY BOWES Occupation TECHNOLOGY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2014

Transaction ID : SA11AI.8282

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
REGINA PITARO

Mailing Address 45 FIELD POINT CIRCLE

City GREENWICH State CT Zip Code 06830

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

Name of Employer GAMCO INVESTORS Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8682

Amount of Each Receipt this Period
2600.00

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

Mailing Address 40 WEST ELM STREET
APT 6B

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.7977

Amount of Each Receipt this Period
150.00

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

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

3250.00

**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 100 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 40 WEST ELM STREET
APT 6B

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
775.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.8571

Amount of Each Receipt this Period
250.00

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

Mailing Address 40 WEST ELM STREET
APT 6B

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.8710

Amount of Each Receipt this Period
250.00

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

Mailing Address 195 BIRDSEYE RD

City SHELTON State CT Zip Code 06484

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : SA11AI.8176

Amount of Each Receipt this Period
200.00

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

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

700.00

**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 101 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. WALTER RAQUET

Mailing Address 78 ZACCHEUS MEAD LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer WR PLATFORM ADVISORS Occupation C.E.O.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.8133

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM RAVEIS

Mailing Address 2525 POST ROAD

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer WILLIAM RAVEIS INC Occupation REAL ESTATE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8327

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Ms. BARBARA REIBEL

Mailing Address 42 DOUBLING ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8346

Amount of Each Receipt this Period
 1600.00

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 102 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
JAY REIBEL

Mailing Address **42 DOUBLING ROAD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8345

Amount of Each Receipt this Period
1600.00

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

Mailing Address **258 MULBERRY HILL RD**

City **FAIRFIELD** State **CT** Zip Code **06824**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8077

Amount of Each Receipt this Period
100.00

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

Mailing Address **258 MULBERRY HILL RD**

City **FAIRFIELD** State **CT** Zip Code **06824**

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
09 / 30 / 2014

Transaction ID : SA11AI.8734

Amount of Each Receipt this Period
100.00

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 103 OF 255
	<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 REIFENHEISER

Mailing Address **9 WATCHTOWER ROAD**

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

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8349

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RUSSELL S REYNOLDS III

Mailing Address **180 DOGWOOD LANE**

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

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

Name of Employer **RSR PARTNERS** Occupation **PARTNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1350.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8484

Amount of Each Receipt this Period
1000.00

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

Mailing Address **28 HOME PLACE C 2**

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

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

Name of Employer **GREENWICH INVESTMENT MANAGEMENT** Occupation **WHITE COLLAR WORKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 03 / 2014

Transaction ID : SA11AI.8277

Amount of Each Receipt this Period
1000.00

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)
 11a 12 11b 13a 11c 13b 11d 14 11e 15
 PAGE 104 OF 255

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **28 HOME PLACE C 2**

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

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

Name of Employer **GREENWICH INVESTMENT MANAGEMENT** Occupation **WHITE COLLAR WORKER**

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
07 / 03 / 2014

Transaction ID : SA11AI.7841

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
ANTHONY RIZZA

Mailing Address **19 STONY POINT ROAD**

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

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

Name of Employer **COLUMBUS CIRCLE INVESTORS** Occupation **FINANCE**

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
07 / 28 / 2014

Transaction ID : SA11AI.7914

Amount of Each Receipt this Period
 _____ 2600.00

C. Full Name (Last, First, Middle Initial)
SAUL ROSENTHAL

Mailing Address **87 WHIPPOORWILL RD. EAST**

City **ARMONK** State **NY** Zip Code **10504**

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

Name of Employer **TICC CAPITAL CORP.** Occupation **FINANCE**

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
09 / 04 / 2014

Transaction ID : SA11AI.8340

Amount of Each Receipt this Period
 _____ 2600.00

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

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

_____ 5700.00

**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 105 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 2780 REDDING RD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
CHOATE ROSEMARY HALL ESTATE PLANNING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.7945

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS M RYAN

Mailing Address 16 OLD HILL ROAD

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
ICR PUBLIC RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.8035

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS M RYAN

Mailing Address 16 OLD HILL ROAD

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
ICR PUBLIC RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : SA11AI.8525

Amount of Each Receipt this Period
250.00

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

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

700.00

**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 106 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **6 PHEASANT LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11A1.8105

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
AMPARO R SANDOVAL

Mailing Address **599 BRANCHVILLE RD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11A1.8674

Amount of Each Receipt this Period
2600.00

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

Mailing Address **P.O. BOX 504**

City **FAIRFIELD** State **CT** Zip Code **06824**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11A1.7946

Amount of Each Receipt this Period
200.00

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

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

5400.00

**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 107 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address P.O. BOX 504

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8737

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ROGER SAYLER

Mailing Address 59 WHITE FALL 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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2014

Transaction ID : SA11AI.8270

Amount of Each Receipt this Period
2600.00

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

Mailing Address 4 PUMP LANE

City State Zip Code
RIDGEFIELD CT 06877

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

Name of Employer Occupation
MORRISONCOHEN LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7960

Amount of Each Receipt this Period
500.00

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 108 OF 255
(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)
GEORGE W SCHIELE

Mailing Address 19 HILL RD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
GW SCHIELE, INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.8589

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JANET G SCHMITZ

Mailing Address 110 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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8367

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS. CAROLYN P SCHOONMAKER

Mailing Address 231 OLD KINGS HIGHWAY S

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8202

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 109 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. BARBARA D SCINTO

Mailing Address 1 CORPORATE DRIVE
SUITE 100

City State Zip Code
SHELTON CT 06484

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.8200

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
MR. ROBERT D SCINTO

Mailing Address 1 CORPORATE DRIVE
SUITE 100

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
RD SCINTO ENTERPRISES DEVELOPER

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
 08 / 27 / 2014

Transaction ID : SA11AI.8209

Amount of Each Receipt this Period
2600.00

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

Mailing Address 16 LAUREL LANE

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
ROCKWOOD HOLDINGS PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.8591

Amount of Each Receipt this Period
500.00

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

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

5700.00

**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 110 OF 255
	<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. ALEXANDER SEAVER		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 510 WEST ROAD		Transaction ID : SA11AI.8573	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer STADIUM CAPITAL MANAGEMENT, LLC	Occupation INVESTOR		
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. CHRISTINE SEAVER		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2014	
Mailing Address 510 WEST ROAD		Transaction ID : SA11AI.8583	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SELF-EMPLOYED	Occupation EDUCATION CONSULTANT		
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) C. PETER K SELDIN		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 1000 PONUS RIDGE		Transaction ID : SA11AI.8308	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	6200.00
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 111 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
DONALD J SELINGER

Mailing Address 161 LOCUST AVE

City RYE State NY Zip Code 10580

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8809

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SCOTT SERELS

Mailing Address 9 NORTH RIDGE ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer UROLOGY ASSOC. OF NORWALK Occupation PHYSICIAN

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
09 / 15 / 2014

Transaction ID : SA11AI.8473

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRENDAN SHANAHAN

Mailing Address 14 TWIN WALLS LANE

City WESTON State CT Zip Code 06883

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

Name of Employer EMBLEM HEALTH Occupation FINANCE

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
09 / 13 / 2014

Transaction ID : SA11AI.8463

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 112 OF 255
	<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)
ANTHONY F SIMONETTI

Mailing Address **6 HAYFIELD DR**

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

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

Name of Employer **MARSHALL LANE MANOR** Occupation **ADMINISTRATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 27 / 2014

Transaction ID : SA11AI.8203

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RAYMOND SLAVIN

Mailing Address **4 MCLAREN RD S**

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

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 **889.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11AI.8614

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOEL SMILOW

Mailing Address **830 POST ROAD EAST**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.8457

Amount of Each Receipt this Period
300.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 255
	<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)
ROGER SMITH

Mailing Address 378 VALLEY RD

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.7834

Amount of Each Receipt this Period
150.00

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

Mailing Address 378 VALLEY RD

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
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.8427

Amount of Each Receipt this Period
100.00

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

Mailing Address 4220 MARIPOSA DRIVE

City State Zip Code
SANTA BARBARA CA 93110

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

Name of Employer Occupation
SELECT EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2014

Transaction ID : SA11AI.8464

Amount of Each Receipt this Period
1000.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 114 OF 255
(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)
JOSEPH SPATARO

Mailing Address 375 WAVERLY RD

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8504

Amount of Each Receipt this Period
200.00

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

Mailing Address 414 NORTH WINDWARD DRIVE

City State Zip Code
SAINT SIMONS ISLAND GA 31522

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

Name of Employer Occupation
1ST BRIDGEHOUSE SECURITIES INVESTMENT BANKING

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
 09 / 30 / 2014

Transaction ID : SA11AI.8756

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
KATINA STEFANOVA

Mailing Address 251 HINTING RIDGE ROAD

City State Zip Code
STAMFORD CT 06903

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2014

Transaction ID : SA11AI.7906

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 255
	<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. KATINA STEFANOVA		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 251 HINTING RIDGE ROAD		Transaction ID : SA11AI.8403	
City STAMFORD	State CT	Zip Code 06903	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
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 325.00		

Full Name (Last, First, Middle Initial) B. BRYON E STEVENS		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 62 COMPO ROAD NORTH		Transaction ID : SA11AI.8001	
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 HLSS	Occupation INVESTOR RELATIONS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. ROBERT STEWART		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 141 EAST AVE		Transaction ID : SA11AI.8296	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer WALTER STEWART COMPANY INC	Occupation MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	625.00
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 116 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
FRANK J STIRNA

Mailing Address 80 ROOSEVELT FOREST DR

City State Zip Code
STRATFORD CT 06614

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

Name of Employer Occupation
GRANVILLE PRINTING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : SA11AI.7921

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
FRANK J STIRNA

Mailing Address 80 ROOSEVELT FOREST DR

City State Zip Code
STRATFORD CT 06614

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

Name of Employer Occupation
GRANVILLE PRINTING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

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

Transaction ID : SA11AI.8406

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
FRANK J STIRNA

Mailing Address 80 ROOSEVELT FOREST DR

City State Zip Code
STRATFORD CT 06614

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

Name of Employer Occupation
GRANVILLE PRINTING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8790

Amount of Each Receipt this Period
25.00

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

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

75.00

**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 117 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 290 ROUND HILL ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer HAMLIN CAPITAL MANAGEMENT Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8448

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 4 SCATACOOK TRL

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

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL D SULLIVAN

Mailing Address 5 BEECHWOOD WAY

City SCARBOROUGH State NY Zip Code 10510

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8501

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 118 OF 255
	<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 SUSSMAN

Mailing Address 33 CAVALRY ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.8400

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DENNIS D SWANSON

Mailing Address 112 GERRISH LANE

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer **21ST CENTURY FOX** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2014

Transaction ID : SA11AI.8317

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DENNIS D SWANSON

Mailing Address 112 GERRISH LANE

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer **21ST CENTURY FOX** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3100.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8767

Amount of Each Receipt this Period
2100.00

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

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

2900.00

**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 119 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. KATHERINE W SWANSON

Mailing Address 112 GERRISH LN

City State Zip Code
NEW CANAAN CT 00400

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
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8769

Amount of Each Receipt this Period
400.00

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

Mailing Address 100 MYANOS RD

City State Zip Code
NEW CANAAN CT 06840

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014

Transaction ID : SA11AI.8380

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JANNETTE ELIZABETH SWENSON

Mailing Address 36 GAME COCK ROAD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
RETIRED RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.8670

Amount of Each Receipt this Period
250.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 120 OF 255
(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)
JOSEPH TEKLITS

Mailing Address 10 SUGAR MAPLE LANE

City WESTPORT State CT Zip Code 06880

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

Name of Employer ICR Occupation PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2014

Transaction ID : SA11AI.8467

Amount of Each Receipt this Period
 250.00

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

Mailing Address 33 WOODS END ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer THOMAS, MCNERNEY & PARTNERS Occupation VENTURE CAPITALIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.7925

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
MS. SARAH P THORSON

Mailing Address 10 FROST RD

City GREENWICH State CT Zip Code 06830

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8815

Amount of Each Receipt this Period
 300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 255
	<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)
JENNIFER TOOKER

Mailing Address 56 SYLVAN ROAD NORTH

City WESTPORT State CT Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.8707

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR. IRIT TRATT

Mailing Address 822 NORTH ST

City GREENWICH State CT Zip Code 06831

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8498

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KATHRYN TRAYNOR

Mailing Address 1530 CROSS HWY

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.7947

Amount of Each Receipt this Period
300.00

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 122 OF 255
	<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)
EVA W TREFZ

Mailing Address **21 BURRITTS LNDG S**

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

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

Name of Employer **TREFZ CORP** Occupation **EXECUTIVE**

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
09 / 16 / 2014

Transaction ID : SA11AI.8490

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MS. LEE A TREGURTHA

Mailing Address **248 LONG NECK POINT 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
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.8658

Amount of Each Receipt this Period
900.00

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

Mailing Address **248 LONG NECK POINT**

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

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

Name of Employer **MORAN TOWING CORP** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.8656

Amount of Each Receipt this Period
1100.00

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 123 OF 255	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **257 WEST 93RD STREET**
APT 1B

City **NEW YORK** State **NY** Zip Code **10025**

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

Name of Employer **BESSEMER TRUST** Occupation **FINANCIAL SERVICES ANALYST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.8720

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JULIAN B TWOMBLY

Mailing Address **1 RUNNINGBROOK LANE**

City **NEW CANAAN** State **CT** Zip Code **06840**

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

Name of Employer **CANAAN CONSTRUCTION** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8752

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
RONALD J ULRICH

Mailing Address **329 DANS HWY**

City **NEW CANAAN** State **CT** Zip Code **06840**

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

Name of Employer **BREITHORD CAPITAL** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 255
	<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)
GWENDOLYN VAN PAASSCHEN

Mailing Address 3314 O STREET NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer SELF-EMPLOYED Occupation GARDEN DESIGNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.7894

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
BILL VIETZE

Mailing Address 3 BUTTERNUT LANE

City OXFORD State CT Zip Code 06478

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

Name of Employer HONEY CELL, INC. Occupation PLANT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.7869

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DINYAR S WADIA

Mailing Address 134 MAIN STREET

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer WADIA ASSOCIATES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : SA11AI.8013

Amount of Each Receipt this Period
500.00

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

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

2750.00

**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 125 OF 255
	<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 NEW CANAAN State CT Zip Code 06840

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

Name of Employer WADIA ASSOCIATES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : SA11AI.8088

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM W WALBERT JR

Mailing Address 319 VALLEY ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer WALBERT CAPITAL MANAGEMENT Occupation 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
 09 / 04 / 2014

Transaction ID : SA11AI.8316

Amount of Each Receipt this Period
300.00

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

Mailing Address 426 MINE HILL RD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer EARLY ADVANTAGE Occupation PUBLISHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2014

Transaction ID : SA11AI.8462

Amount of Each Receipt this Period
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11A1.7854

Amount of Each Receipt this Period
200.00

B. 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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11A1.7881

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
PEDRO E WASMER

Mailing Address **642 BOUGAINVILLEA RD**

City **NAPLES** State **FL** Zip Code **34102**

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11A1.8568

Amount of Each Receipt this Period
100.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 127 OF 255
(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)
PEDRO E WASMER

Mailing Address **642 BOUGAINVILLEA RD**

City **NAPLES** State **FL** Zip Code **34102**

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
700.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8788

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
TYLER WEBB

Mailing Address **142 EAST 71ST STREET
APT. 5C**

City **NEW YORK** State **NY** Zip Code **10021**

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

Name of Employer **EVERWATCH CAPITAL** Occupation **SENIOR ASSOCIATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 11 / 2014

Transaction ID : SA11AI.8449

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. ALAN N WEEDEN

Mailing Address **622 WEST LYON FARM DR**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8746

Amount of Each Receipt this Period
500.00

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

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

1100.00

**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 128 OF 255
	<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)
SUE ANN WEINBERG

Mailing Address 70 FIELD POINT CIRCLE

City GREENWICH State CT Zip Code 06830

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.7865

Amount of Each Receipt this Period
100.00

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

Mailing Address 47 OLD SHELTON RD

City SHELTON State CT Zip Code 06484

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

Name of Employer **WTSB** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **675.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : SA11AI.8224

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS. ELLEN C WELD

Mailing Address 120 ZACCHEUS MEAD LN

City GREENWICH State CT Zip Code 06831

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

Name of Employer **SELF** Occupation **REAL ESTATE**

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
09 / 23 / 2014

Transaction ID : SA11AI.8617

Amount of Each Receipt this Period
500.00

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

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

700.00

**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 129 OF 255
	<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 WELD

Mailing Address 59 RIDGEVIEW AVENUE

City GREENWICH State CT Zip Code 06830

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

Name of Employer SELF EMPLOYED Occupation ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : SA11AI.8101

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NEIL JONATHAN WESSAN

Mailing Address 253 GREENS FARMS RD

City WESTPORT State CT Zip Code 06880

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

Name of Employer CIT Occupation BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8491

Amount of Each Receipt this Period
300.00

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

Mailing Address 242 STANWICH ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer CIVICOM, INC. Occupation FOUNDER AND CEO

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
 09 / 03 / 2014

Transaction ID : SA11AI.8280

Amount of Each Receipt this Period
1000.00

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: PAGE 130 OF 255
(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)
DAVID WEST

Mailing Address 242 STANWICH ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer CIVICOM, INC. Occupation FOUNDER AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8816

Amount of Each Receipt this Period
 500.00

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

Mailing Address 242 STANWICH ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer CIVICOM, INC. Occupation FOUNDER & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.8243

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 20 INWOOD ROAD

City DARIEN State CT Zip Code 06820

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8351

Amount of Each Receipt this Period
 300.00

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 131 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Mr. JAMES P WHITE

Mailing Address 4 SCOTCH PINE DR

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
PULLMAN & CONNLEY ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.8819

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD V WIEHL

Mailing Address 204 SPRING HILL RD

City State Zip Code
TRUMBULL CT 06611

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

Name of Employer Occupation
CONSUMERS PETROLEUM EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8325

Amount of Each Receipt this Period
1600.00

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

Mailing Address 204 SPRING HILL RD

City State Zip Code
TRUMBULL CT 06611

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

Name of Employer Occupation
CONSUMERS PETROLEUM EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8510

Amount of Each Receipt this Period
1000.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 255
	<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) RICHARD E WIELAND		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2014
Mailing Address 44 TURNEY RD		Transaction ID : SA11AI.8615
City REDDING	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 2000.00	

Full Name (Last, First, Middle Initial) WALTER KARL WIELAND		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2014
Mailing Address 6 TODDS ROAD		Transaction ID : SA11AI.8689
City RIDGEFIELD	State CT	
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 300.00	

Full Name (Last, First, Middle Initial) TERENCE L WILCOX		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2014
Mailing Address 2050 NORTH AVE		Transaction ID : SA11AI.8235
City BRIDGEPORT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BRIDGEPORT RESCUE MISSION	Occupation EXECUTIVE DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
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 133 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MR. DAVE H WILLIAMS

Mailing Address 135 ZACCHEUS MEAD LN

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8419

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
E ROGER WILLIAMS

Mailing Address 114 FERRIS HILL RD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer SELF-EMPLOYED Occupation TV PRODUCER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.8515

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. REBA WILLIAMS

Mailing Address 135 ZACCHEUS MEAD LN

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11AI.8417

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 134 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
MS. LAURIE E WILLIAMSON

Mailing Address **2 TINYWOOD ROAD**

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

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11AI.8375

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SUE ANN WILLIAMSON

Mailing Address **225 BYRAM SHORE ROAD**

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

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

Name of Employer **NEW YORK HISTORICAL SOCIETY** Occupation **EDUCATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.8813

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MATTHEW WOMBLE

Mailing Address **41 UPLAND DRIVE**

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

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

Name of Employer **EVERWATCH FINANCIAL** Occupation **MANAGING DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11AI.8355

Amount of Each Receipt this Period
1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 255
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. LINDSEY WOOD		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 19 STONY POINT ROAD		Transaction ID : SA11AI.7916	
City WESTPORT State CT Zip Code 06880	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HOMEMAKER HOMEMAKER		
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. CAROLYN WOODBERRY		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 7 GRACIE LANE		Transaction ID : SA11AI.8190	
City DARIEN State CT Zip Code 06820	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HOMEMAKER HOMEMAKER		
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) C. LISA YOOK		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2014	
Mailing Address 50 WEST 96TH ST APT 4A		Transaction ID : SA11AI.8465	
City NEW YORK State NY Zip Code 10025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation WILDLIFE CONSERVATION SOCIETY PROGRAM MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5450.00
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 136 OF 255
	<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 A YOUNG

Mailing Address 301 WEST LYON FARM DRIVE

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8311

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JON E ZAGRODZKY

Mailing Address 30 CRIMMINS RD

City DARIENT State CT Zip Code 06820

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

Name of Employer OAK HILL CAPITAL MANAGEMENT Occupation CAO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2014

Transaction ID : SA11AI.8320

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SANDRA ZALIK

Mailing Address 208 HOUSATONIC AVENUE

City STRATFORD State CT Zip Code 06615

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

Name of Employer PITNEY BOWES Occupation MANAGER, QUALITY & CONTROLS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 08 / 2014

Transaction ID : SA11AI.7847

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 255		
	<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. SANDRA ZALIK		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 208 HOUSATONIC AVENUE		Transaction ID : SA11A1.8785
City STRATFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PITNEY BOWES	Occupation MANAGER, QUALITY & CONTROLS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

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

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

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	295800.00

**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 138 OF 255
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I

City WEST CHESTER State OH Zip Code 45069

FEC ID number of contributing federal political committee. **C** C00237198

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
 08 / 27 / 2014

Transaction ID : SA11C.8227

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
GREENWICH REPUBLICAN TOWN COMMITTEE

Mailing Address PO BOX 4030

City GREENWICH State CT Zip Code 06831

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11C.8039

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
SHABAN FOR CONGRESS

Mailing Address PO BOX 1201

City WESTON State CT Zip Code 06883

FEC ID number of contributing federal political committee. **C** C00550087

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
 09 / 11 / 2014

Transaction ID : SA11C.8445

Amount of Each Receipt this Period
 500.00

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

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

3500.00

**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 140 OF 255	
	<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. BRIAN JOHN ABBERLEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 43 MANSFIELD AVENUE		Amount of Each Disbursement this Period 276.00 Transaction ID : SB17.7286
City DARIEN State CT Zip Code 06820	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. BRIAN JOHN ABBERLEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 43 MANSFIELD AVENUE		Amount of Each Disbursement this Period 276.00 Transaction ID : SB17.7287
City DARIEN State CT Zip Code 06820	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. BRIAN JOHN ABBERLEY		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 43 MANSFIELD AVENUE		Amount of Each Disbursement this Period 444.00 Transaction ID : SB17.7288
City DARIEN State CT Zip Code 06820	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:		

SUBTOTAL of Disbursements This Page (optional).....	996.00
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 141 OF 255			
	<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. AD-MERICA			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 34 SOUNDVIEW AVE			Amount of Each Disbursement this Period 9619.36	
City SHELTON	State CT	Zip Code 06484	Transaction ID : SB17.7212	
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS:SIGNS		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. ANDREW BENEMIO			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 36 BIRD SONG LANE			Amount of Each Disbursement this Period 264.00	
City STAMFORD	State CT	Zip Code 06903	Transaction ID : SB17.7274	
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. ANDREW BENEMIO			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 36 BIRD SONG LANE			Amount of Each Disbursement this Period 240.00	
City STAMFORD	State CT	Zip Code 06903	Transaction ID : SB17.7275	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	10123.36
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 142 OF 255	
	<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. LUCAS BIENSTOCK		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 16 CHIMNEY CORNER LANE		Amount of Each Disbursement this Period 84.00
City GREENWICH State CT Zip Code 06830	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7479
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. BRENDAN BLAINE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 97 VILLAGE LANE		Amount of Each Disbursement this Period 384.00
City STAMFORD State CT Zip Code 06890	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7282
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. BRENDAN BLAINE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 97 VILLAGE LANE		Amount of Each Disbursement this Period 204.00
City STAMFORD State CT Zip Code 06890	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7283
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).....	672.00
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 143 OF 255	
	<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. BRENDAN BLAINE			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 97 VILLAGE LANE			Amount of Each Disbursement this Period 192.00	
City STAMFORD	State CT	Zip Code 06890	Transaction ID : SB17.7284	
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. HAROLD BONNET			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 162 HARDING STREET			Amount of Each Disbursement this Period 468.00	
City NORWALK	State CT	Zip Code 06854	Transaction ID : SB17.7375	
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. HAROLD BONNET			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 162 HARDING STREET			Amount of Each Disbursement this Period 120.00	
City NORWALK	State CT	Zip Code 06854	Transaction ID : SB17.7376	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	780.00
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 144 OF 255			
	<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 09 / 03 / 2014	
Mailing Address 162 HARDING STREET			Amount of Each Disbursement this Period 108.00	
City NORWALK	State CT	Zip Code 06854	Transaction ID : SB17.7377	
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. HAROLD BONNET			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 162 HARDING STREET			Amount of Each Disbursement this Period 480.00	
City NORWALK	State CT	Zip Code 06854	Transaction ID : SB17.7378	
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. ELENI BURCHARD			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 202 SANDVIEW AVE			Amount of Each Disbursement this Period 96.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7333	
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:			

SUBTOTAL of Disbursements This Page (optional) 684.00
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 145 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. CABLEVISION		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO BOX 9256		Amount of Each Disbursement this Period 265.09
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement BROADBAND SERVICES	Transaction ID : SB17.7289
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. KENNETH D CAMPBELL		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 47 PINE STREET		Amount of Each Disbursement this Period 254.86
City NEW CANAAN	State CT	
Zip Code 06840	Purpose of Disbursement REIMBURSEMENT:SEE MEMO ENTRIES	Transaction ID : SB17.7432
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. CAPITOL HILL HOTEL		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 200 C ST SE		Amount of Each Disbursement this Period 239.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement MORRISON REIMBURSEMENT:TRAVEL: LODGING	Transaction ID : SB17.7464
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	519.95
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 146 OF 255	
	<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. SYDNEY CARROLL		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 100 FIELDCREST DR		Amount of Each Disbursement this Period 209.50 Transaction ID : SB17.7648
City RIDGEFIELD	State CT	
Zip Code 06877	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. LINET CASTILLO-JIMENEZ		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 3880 MAIN ST. APT. #7		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.7451
City BRIDGEPORT	State CT	
Zip Code 06606	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. STEPHANIE COLON		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 340 WILLOW STREET		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.7641
City BRIDGEPORT	State CT	
Zip Code 06610	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	329.50
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 147 OF 255	
	<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. ALLISON CUSICK		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 12 CANTERBERRY LN		Amount of Each Disbursement this Period 432.00 Transaction ID : SB17.7271
City EASTON State CT Zip Code 06612	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. ALLISON CUSICK		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 12 CANTERBERRY LN		Amount of Each Disbursement this Period 408.00 Transaction ID : SB17.7272
City EASTON State CT Zip Code 06612	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. ALLISON CUSICK		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 12 CANTERBERRY LN		Amount of Each Disbursement this Period 401.50 Transaction ID : SB17.7273
City EASTON State CT Zip Code 06612	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:		

SUBTOTAL of Disbursements This Page (optional).....	1241.50
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 148 OF 255	
	<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. MOLLY DAVIDSON		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 365 TOILSOME HILL RD		Amount of Each Disbursement this Period \$ 150.00 Transaction ID : SB17.7505
City FAIRFIELD	State CT	
Zip Code 06825	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. MOLLY DAVIDSON		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 365 TOILSOME HILL RD		Amount of Each Disbursement this Period \$ 66.00 Transaction ID : SB17.7506
City FAIRFIELD	State CT	
Zip Code 06825	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. MOLLY DAVIDSON		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 365 TOILSOME HILL RD		Amount of Each Disbursement this Period \$ 78.00 Transaction ID : SB17.7507
City FAIRFIELD	State CT	
Zip Code 06825	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	\$ 294.00
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 149 OF 255			
	<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. DAN DEBICELLA		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1 LAZY BROOK RD		Amount of Each Disbursement this Period 2440.43 Transaction ID : SB17.7312
City SHELTON	State CT	
Purpose of Disbursement TRAVEL REIMBURSEMENT:SEE MEMO ENTRIES		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 07 / 17 / 2014
Mailing Address 54 LOCUST LAKE ROAD		Amount of Each Disbursement this Period 321.50 Transaction ID : SB17.7404
City BLAIRSTOWN	State NJ	
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. JOSEPH DEMATTEO		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 54 LOCUST LAKE ROAD		Amount of Each Disbursement this Period 342.00 Transaction ID : SB17.7405
City BLAIRSTOWN	State NJ	
Purpose of Disbursement FIELD CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	3103.93
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 150 OF 255	
	<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. JOSEPH DEMATTEO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 54 LOCUST LAKE ROAD		Amount of Each Disbursement this Period 50.00
City BLAIRSTOWN	State NJ	
Zip Code 07825	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7406
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. JOSEPH DEMATTEO		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 54 LOCUST LAKE ROAD		Amount of Each Disbursement this Period 147.00
City BLAIRSTOWN	State NJ	
Zip Code 07825	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7407
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. DOUGLAS COFFIN INC		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 530 EAST STREET		Amount of Each Disbursement this Period 1300.00
City NEW HAVEN	State CT	
Zip Code 06511	Purpose of Disbursement DEBICELLA REIMBURSEMENT:FACILITY RENTAL/CATERING	Transaction ID : SB17.7314
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).....	197.00
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 151 OF 255	
	<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. DOUGLAS COFFIN INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 530 EAST STREET		Amount of Each Disbursement this Period 1143.26
City NEW HAVEN	State CT	
Zip Code 06511	Purpose of Disbursement EVENT ENTERTAINMENT	Transaction ID : SB17.7332
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. RYAN EHLERS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 38 PEMBROKE ROAD		Amount of Each Disbursement this Period 408.00
City DARIEN	State CT	
Zip Code 06820	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7613
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. RYAN EHLERS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 38 PEMBROKE ROAD		Amount of Each Disbursement this Period 408.00
City DARIEN	State CT	
Zip Code 06820	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7614
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).....	1959.26
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 152 OF 255	
	<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. RYAN EHLERS		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 38 PEMBROKE ROAD		Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.7615
City DARIEN	State CT	
Zip Code 06820	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. CAMERIN ELKIN		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 12 ROSEVILLE RD		Amount of Each Disbursement this Period 181.00 Transaction ID : SB17.7292
City WESTPORT	State CT	
Zip Code 06880	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 07 / 14 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1602.87 Transaction ID : SB17.7221
City AUBURN	State MA	
Zip Code 01501	Purpose of Disbursement PAYROLL TAXES	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).....	2287.87
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 153 OF 255	
	<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 07 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1490.14
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL TAXES 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. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1377.10
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL TAXES 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 08 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1374.87
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL TAXES 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).....	4242.11
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 154 OF 255	
	<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 08 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1470.50 Transaction ID : SB17.7252
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL TAXES	
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. WILLIAM ESSIGS		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 66 NURSERY RD		Amount of Each Disbursement this Period 244.00 Transaction ID : SB17.7680
City NEW CANAAN State CT Zip Code 06840	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. FAIRFIELD POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1300 POST RD		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17.7468 [MEMO ITEM]
City FAIRFIELD State CT Zip Code 06824	Purpose of Disbursement MORRISON REIMBURSEMENT:POSTAGE	
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).....	1714.50
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 155 OF 255	
	<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. KATELYN FARNEN		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 4 GATE RIDGE ROAD		Amount of Each Disbursement this Period 678.00
City EASTON State CT Zip Code 06612	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7417
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. KATELYN FARNEN		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 4 GATE RIDGE ROAD		Amount of Each Disbursement this Period 252.00
City EASTON State CT Zip Code 06612	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7418
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. FEDEX OFFICE		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 1427 POST RD		Amount of Each Disbursement this Period 483.41
City FAIRFIELD State CT Zip Code 06824	Purpose of Disbursement MORRISON REIMBURSEMENT:OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.7470
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	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	930.00
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 156 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JOHN FITSCH		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 637 CEDAR ROAD		Amount of Each Disbursement this Period 544.50 Transaction ID : SB17.7399
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN FITSCH		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 637 CEDAR ROAD		Amount of Each Disbursement this Period 195.00 Transaction ID : SB17.7400
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. ZACHARY GALLO		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.7689
City DARIEN State CT Zip Code 06820	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:		

SUBTOTAL of Disbursements This Page (optional).....	1243.50
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 157 OF 255	
	<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. ZACHARY GALLO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 408.00 Transaction ID : SB17.7690
City DARIEN State CT Zip Code 06820	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. ZACHARY GALLO		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 456.00 Transaction ID : SB17.7691
City DARIEN State CT Zip Code 06820	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. ZACHARY GALLO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 132.00 Transaction ID : SB17.7692
City DARIEN State CT Zip Code 06820	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:		

SUBTOTAL of Disbursements This Page (optional).....	996.00
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 158 OF 255	
	<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. ADRIANNA GAMBINO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 562 WESTOVER ROAD		Amount of Each Disbursement this Period 192.00 Transaction ID : SB17.7258
City STAMFORD State CT Zip Code 06902	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. ADRIANNA GAMBINO		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 562 WESTOVER ROAD		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.7259
City STAMFORD State CT Zip Code 06902	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. ADRIANNA GAMBINO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 562 WESTOVER ROAD		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.7260
City STAMFORD State CT Zip Code 06902	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:		

SUBTOTAL of Disbursements This Page (optional).....	516.00
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 159 OF 255	
	<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. ERICA GAMBINO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 562 WESTOVER RD		Amount of Each Disbursement this Period 376.00
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7348
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. ERICA GAMBINO		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 562 WESTOVER RD		Amount of Each Disbursement this Period 262.00
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7349
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. ERICA GAMBINO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 562 WESTOVER RD		Amount of Each Disbursement this Period 137.50
City STAMFORD State CT Zip Code 06902	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7350
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).....	775.50
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 160 OF 255	
	<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. WILLIE GRANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 244 ALEX STREET		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.7686
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WILLIE GRANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 244 ALEX STREET		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.7687
City BRIDGEPORT	State CT	
Zip Code 06607	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. WILLIE GRANT		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 244 ALEX STREET		Amount of Each Disbursement this Period 660.00 Transaction ID : SB17.7688
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1680.00
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 161 OF 255	
	<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. KYLE GREENHUT			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 240 ARBOR DRIVE			Amount of Each Disbursement this Period 327.00	
City SOUTHPORT	State CT	Zip Code 06890	Transaction ID : SB17.7438	
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. KYLE GREENHUT			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 240 ARBOR DRIVE			Amount of Each Disbursement this Period 207.00	
City SOUTHPORT	State CT	Zip Code 06890	Transaction ID : SB17.7439	
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. KYLE GREENHUT			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 240 ARBOR DRIVE			Amount of Each Disbursement this Period 174.00	
City SOUTHPORT	State CT	Zip Code 06890	Transaction ID : SB17.7440	
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:			

SUBTOTAL of Disbursements This Page (optional).....	708.00
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 162 OF 255	
	<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. KYLE GREENHUT			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 240 ARBOR DRIVE			Amount of Each Disbursement this Period 120.00	
City SOUTHPORT	State CT	Zip Code 06890	Transaction ID : SB17.7441	
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. JOHN GROSSO			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 45 WEST GLEN DRIVE			Amount of Each Disbursement this Period 1500.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7220	
Purpose of Disbursement PAYROLL		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. JOHN GROSSO			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 45 WEST GLEN DRIVE			Amount of Each Disbursement this Period 1575.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7228	
Purpose of Disbursement PAYROLL		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).....	3195.00
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 163 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JOHN GROSSO			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 45 WEST GLEN DRIVE			Amount of Each Disbursement this Period 1575.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7236	
Purpose of Disbursement PAYROLL		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. JOHN GROSSO			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014	
Mailing Address 45 WEST GLEN DRIVE			Amount of Each Disbursement this Period 1575.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7244	
Purpose of Disbursement PAYROLL		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. JOHN GROSSO			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014	
Mailing Address 45 WEST GLEN DRIVE			Amount of Each Disbursement this Period 1575.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7251	
Purpose of Disbursement PAYROLL		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).....	4725.00
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 164 OF 255	
	<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. KATHERINE GROSSO		Date of Disbursement MM / DD / YYYY 07 / 17 / 2014
Mailing Address 45 WEST GLEN DRIVE		Amount of Each Disbursement this Period 176.50
City STAMFORD	State CT	
Zip Code 06902	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7421
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. KATHERINE GROSSO		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 45 WEST GLEN DRIVE		Amount of Each Disbursement this Period 73.50
City STAMFORD	State CT	
Zip Code 06902	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7422
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. JAVON HILL		Date of Disbursement MM / DD / YYYY 07 / 14 / 2014
Mailing Address 1440 STRATFORD AVE		Amount of Each Disbursement this Period 480.00
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7388
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).....	730.00
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 165 OF 255	
	<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. JAVON HILL			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 1440 STRATFORD AVE			Amount of Each Disbursement this Period 540.00	
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.7389	
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. JAVON HILL			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 1440 STRATFORD AVE			Amount of Each Disbursement this Period 660.00	
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.7390	
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. ZOE HOWARD			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 18 HIGH ACRE ROAD			Amount of Each Disbursement this Period 33.00	
City WESTON	State CT	Zip Code 06883	Transaction ID : SB17.7695	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1233.00
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 166 OF 255	
	<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. JET BLUE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 2701 QUEENS PLZ N		Amount of Each Disbursement this Period 565.96
City LONG ISLAND CITY	State NY	
Zip Code 11101	Purpose of Disbursement MORRISON REIMBURSEMENT:TRAVEL: AIR	Transaction ID : SB17.7462
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STEPHEN KELLEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 11 FOXWOOD ROAD		Amount of Each Disbursement this Period 228.00
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7642
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. STEPHEN KELLEY		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 11 FOXWOOD ROAD		Amount of Each Disbursement this Period 126.00
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7643
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).....	354.00
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 167 OF 255	
	<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. STEPHEN KELLEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 11 FOXWOOD ROAD		Amount of Each Disbursement this Period 384.00
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7644
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. WILLIAM KIRCHGASSER		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 19 MEADOW COURT		Amount of Each Disbursement this Period 205.00
City FAIRFIELD	State CT	
Zip Code 06824	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7682
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. WILLIAM KIRCHGASSER		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 19 MEADOW COURT		Amount of Each Disbursement this Period 379.50
City FAIRFIELD	State CT	
Zip Code 06824	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7683
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).....	968.50
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 168 OF 255	
	<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. WILLIAM KIRCHGASSER		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 19 MEADOW COURT		Amount of Each Disbursement this Period 270.50 Transaction ID : SB17.7684
City FAIRFIELD	State CT	
Zip Code 06824	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. WILLIAM KIRCHGASSER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 19 MEADOW COURT		Amount of Each Disbursement this Period 121.50 Transaction ID : SB17.7685
City FAIRFIELD	State CT	
Zip Code 06824	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. ANDREW ROBERT KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 97 HARVEST HILL LN		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.7278
City STAMFORD	State CT	
Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	632.00
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 169 OF 255	
	<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. ANDREW ROBERT KOLENBERG			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 97 HARVEST HILL LN			Amount of Each Disbursement this Period 48.00	
City STAMFORD	State CT	Zip Code 06905	Transaction ID : SB17.7279	
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. NICOLE KOLENBERG			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 23 RIDGEWAY STREET			Amount of Each Disbursement this Period 144.00	
City STAMFORD	State CT	Zip Code 06907	Transaction ID : SB17.7513	
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. NICOLE KOLENBERG			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 23 RIDGEWAY STREET			Amount of Each Disbursement this Period 288.00	
City STAMFORD	State CT	Zip Code 06907	Transaction ID : SB17.7514	
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:				

SUBTOTAL of Disbursements This Page (optional).....	480.00
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 170 OF 255	
	<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. NICOLE KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 23 RIDGEWAY STREET		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.7515
City STAMFORD State CT Zip Code 06907	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. NICOLE KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 23 RIDGEWAY STREET		Amount of Each Disbursement this Period 72.00 Transaction ID : SB17.7516
City STAMFORD State CT Zip Code 06907	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. STEVE KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 129.00 Transaction ID : SB17.7645
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:		

SUBTOTAL of Disbursements This Page (optional).....	621.00
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 171 OF 255			
	<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. STEVEN KOLENBERG			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 97 HARVEST HILL LANE			Amount of Each Disbursement this Period 700.00		
City STAMFORD	State CT	Zip Code 06805	Transaction ID : SB17.7219		
Purpose of Disbursement PAYROLL		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. STEVEN KOLENBERG			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014		
Mailing Address 97 HARVEST HILL LANE			Amount of Each Disbursement this Period 700.00		
City STAMFORD	State CT	Zip Code 06805	Transaction ID : SB17.7227		
Purpose of Disbursement PAYROLL		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. STEVEN KOLENBERG			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address 97 HARVEST HILL LANE			Amount of Each Disbursement this Period 700.00		
City STAMFORD	State CT	Zip Code 06805	Transaction ID : SB17.7235		
Purpose of Disbursement PAYROLL		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).....	2100.00
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 172 OF 255	
	<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. STEVEN KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.7243
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. STEVEN KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.7250
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. HAMILTON KOVTUN		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 30 NARROW ROCKS ROAD		Amount of Each Disbursement this Period 520.20 Transaction ID : SB17.7371
City WESTPORT State CT Zip Code 06880	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:		

SUBTOTAL of Disbursements This Page (optional).....	1920.20
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 173 OF 255	
	<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. HAMILTON KOVTUN		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 30 NARROW ROCKS ROAD		Amount of Each Disbursement this Period 42.00
City WESTPORT State CT Zip Code 06880	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7372
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. LADIES WHO LAUNCH		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 47 PINE STREET		Amount of Each Disbursement this Period 2500.00
City NEW CANAAN State CT Zip Code 06840	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name		Transaction ID : SB17.7446
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. JOANNA MARIA LEONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 32 DALE RD		Amount of Each Disbursement this Period 791.00
City TRUMBULL State CT Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7393
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).....	3333.00
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 174 OF 255	
	<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 07 / 17 / 2014	
Mailing Address 32 DALE RD			Amount of Each Disbursement this Period 624.00	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7394	
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. JOANNA MARIA LEONE			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 32 DALE RD			Amount of Each Disbursement this Period 678.00	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7395	
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. JOANNA MARIA LEONE			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 32 DALE RD			Amount of Each Disbursement this Period 1404.00	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7396	
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:			

SUBTOTAL of Disbursements This Page (optional).....	2706.00
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 175 OF 255	
	<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 09 / 24 / 2014
Mailing Address 32 DALE RD		Amount of Each Disbursement this Period 1452.00 Transaction ID : SB17.7397
City TRUMBULL	State CT	
Zip Code 06611	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. JOSHUA LISCIO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 80 HAIG AVENUE		Amount of Each Disbursement this Period 348.00 Transaction ID : SB17.7409
City STAMFORD	State CT	
Zip Code 06905	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. JOSHUA LISCIO		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 80 HAIG AVENUE		Amount of Each Disbursement this Period 408.00 Transaction ID : SB17.7410
City STAMFORD	State CT	
Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2208.00
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 176 OF 255	
	<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. JOSHUA LISCIO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 80 HAIG AVENUE		Amount of Each Disbursement this Period 96.00 Transaction ID : SB17.7411
City STAMFORD	State CT	
Zip Code 06905	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. ALEXANDRA LUBIN		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 14 MARY JANE LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.7268
City WESTPORT	State CT	
Zip Code 06880	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. ALEXANDRA LUBIN		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 14 MARY JANE LANE		Amount of Each Disbursement this Period 186.50 Transaction ID : SB17.7269
City WESTPORT	State CT	
Zip Code 06880	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	332.50
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 177 OF 255	
	<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. KELLY MAHONEY		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 95 SPORT HILL RD		Amount of Each Disbursement this Period 72.00
City REDDING	State CT	
Zip Code 06896	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7430
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. KELLY MAHONEY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 95 SPORT HILL RD		Amount of Each Disbursement this Period 549.50
City REDDING	State CT	
Zip Code 06896	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7431
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 07 / 14 / 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 : SB17.7216
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).....	1871.50
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 178 OF 255	
	<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 07 / 30 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.7225
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. ELISE MAJOR		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.7233
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) C. ELISE MAJOR		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.7241
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:		

SUBTOTAL of Disbursements This Page (optional).....	3750.00
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 179 OF 255	
	<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 08 / 30 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.7249
City WESTON	State CT	
Zip Code 06883	Purpose of Disbursement PAYROLL	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. LUKE MANGAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 4 NICKERSON LANE		Amount of Each Disbursement this Period 312.00 Transaction ID : SB17.7485
City DARIEN	State CT	
Zip Code 06820	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. LUKE MANGAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 4 NICKERSON LANE		Amount of Each Disbursement this Period 312.00 Transaction ID : SB17.7486
City DARIEN	State CT	
Zip Code 06820	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1874.00
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 180 OF 255	
	<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. LUKE MANGAN		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 4 NICKERSON LANE		Amount of Each Disbursement this Period 312.00 Transaction ID : SB17.7487
City DARIEN	State CT	
Zip Code 06820	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. DANIELLA MATTERA		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 15 DANIEL COURT		Amount of Each Disbursement this Period 252.50 Transaction ID : SB17.7323
City WESTPORT	State CT	
Zip Code 06880	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. DANIELLA MATTERA		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 15 DANIEL COURT		Amount of Each Disbursement this Period 62.00 Transaction ID : SB17.7324
City WESTPORT	State CT	
Zip Code 06880	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	626.50
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 181 OF 255	
	<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. PABLO MENA			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 61 GREENWICH HILLS DR			Amount of Each Disbursement this Period 142.00	
City GREENWICH	State CT	Zip Code 06831	Transaction ID : SB17.7522	
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. PABLO MENA			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 61 GREENWICH HILLS DR			Amount of Each Disbursement this Period 61.00	
City GREENWICH	State CT	Zip Code 06831	Transaction ID : SB17.7523	
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. TAYLOR MILLS			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 22 BLACKWOOD LANE			Amount of Each Disbursement this Period 249.50	
City STAMFORD	State CT	Zip Code 06903	Transaction ID : SB17.7649	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	452.50
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 182 OF 255	
	<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. TAYLOR MILLS			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 22 BLACKWOOD LANE			Amount of Each Disbursement this Period 207.00	
City STAMFORD	State CT	Zip Code 06903	Transaction ID : SB17.7650	
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. TAYLOR MILLS			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 22 BLACKWOOD LANE			Amount of Each Disbursement this Period 334.00	
City STAMFORD	State CT	Zip Code 06903	Transaction ID : SB17.7651	
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. RAPHAELA MORENO			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 746 BIRDSEYE STREET			Amount of Each Disbursement this Period 166.00	
City STRATFORD	State CT	Zip Code 06615	Transaction ID : SB17.7589	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	707.00
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 183 OF 255	
	<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. RODOLPHO MORENO		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 746 BIRDSEYE ST.		Amount of Each Disbursement this Period 228.00
City STRATFORD	State CT	
Zip Code 06605	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7610
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. RODOLPHO MORENO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 746 BIRDSEYE ST.		Amount of Each Disbursement this Period 204.00
City STRATFORD	State CT	
Zip Code 06605	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7611
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. RODOLPHO MORENO		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 746 BIRDSEYE ST.		Amount of Each Disbursement this Period 198.00
City STRATFORD	State CT	
Zip Code 06605	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7612
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).....	630.00
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 184 OF 255	
	<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 07 / 14 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7215
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) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 201.68 Transaction ID : SB17.7452
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement TRAVEL	
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 07 / 17 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 149.00 Transaction ID : SB17.7453
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement 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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2850.68
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 185 OF 255	
	<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 07 / 30 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7224
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) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7232
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 08 / 14 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.7456
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement TRAVEL:MILEAGE	
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).....	5050.00
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 186 OF 255	
	<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 08 / 30 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7240
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) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 6250.00 Transaction ID : SB17.7248
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 09 / 03 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 869.52 Transaction ID : SB17.7457
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9619.52
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 187 OF 255	
	<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 09 / 23 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 1955.84
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 : SB17.7460
State: District:		

Full Name (Last, First, Middle Initial) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 424.04
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement MORRISON REIMBURSEMENT:TRAVEL: MILEAGE	
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 : SB17.7473 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL RESEARCH INC		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 146 STATE HIGHWAY 34		Amount of Each Disbursement this Period 15000.00
City HOLMDEL State NJ Zip Code 07733	Purpose of Disbursement RESEARCH 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 : SB17.7508
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16955.84
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 188 OF 255	
	<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. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 520 S. GRAND AVE 2ND FLOOR		Amount of Each Disbursement this Period 149.00
City LOS ANGELES State CA Zip Code 90071	Purpose of Disbursement MORRISON REIMBURSEMENT:MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB17.7455 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 520 S. GRAND AVE 2ND FLOOR		Amount of Each Disbursement this Period 149.00
City LOS ANGELES State CA Zip Code 90071	Purpose of Disbursement MORRISON REIMBURSEMENT:SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.7458 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 520 S. GRAND AVE 2ND FLOOR		Amount of Each Disbursement this Period 149.00
City LOS ANGELES State CA Zip Code 90071	Purpose of Disbursement MORRISON REIMBURSEMENT:SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.7459 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 255	
	<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. NETWORK SOLUTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 12808 GRAN BAY PARKWAY		Amount of Each Disbursement this Period 332.42
City JACKSONVILLE State FL Zip Code 32258	Purpose of Disbursement DEBICELLA REIMBURSEMENT:WEB HOSTING	
Candidate Name	Category/Type	Transaction ID : SB17.7320 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ROBERT NOELECHEN		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 186 ARBOR DR		Amount of Each Disbursement this Period 433.50
City SOUTHPORT State CT Zip Code 06890	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7605
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. ROBERT NOELECHEN		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 186 ARBOR DR		Amount of Each Disbursement this Period 229.50
City SOUTHPORT State CT Zip Code 06890	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7606
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).....	663.00
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 190 OF 255	
	<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. ROBERT NOELECHEN		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 186 ARBOR DR		Amount of Each Disbursement this Period 48.00 Transaction ID : SB17.7607
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. ROBERT NOELECHEN		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 186 ARBOR DR		Amount of Each Disbursement this Period 33.00 Transaction ID : SB17.7608
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHRIS NUCCIO		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 8 RITA DRIVE		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.7306
City NEW FAIRFIELD State CT Zip Code 06812	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:		

SUBTOTAL of Disbursements This Page (optional).....	621.00
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 191 OF 255	
	<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. CHRIS NUCCIO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 8 RITA DRIVE		Amount of Each Disbursement this Period 468.00 Transaction ID : SB17.7307
City NEW FAIRFIELD	State CT	
Zip Code 06812	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. CHRIS NUCCIO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 8 RITA DRIVE		Amount of Each Disbursement this Period 72.00 Transaction ID : SB17.7308
City NEW FAIRFIELD	State CT	
Zip Code 06812	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. ELIZABETH ROSE O'REILLY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 869 VALLEY ROAD		Amount of Each Disbursement this Period 237.00 Transaction ID : SB17.7338
City FAIRFIELD	State CT	
Zip Code 06825	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	777.00
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 192 OF 255	
	<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. ELIZABETH ROSE O'REILLY			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 869 VALLEY ROAD			Amount of Each Disbursement this Period 162.00	
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.7339	
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. ELIZABETH ROSE O'REILLY			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 869 VALLEY ROAD			Amount of Each Disbursement this Period 128.00	
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.7340	
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. OPTIMUM			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 1111 STEWART AVE			Amount of Each Disbursement this Period 199.94	
City BETHPAGE	State NY	Zip Code 11714	Transaction ID : SB17.7466	
Purpose of Disbursement MORRISON REIMBURSEMENT:BROADBAND SERVICES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	290.00
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 193 OF 255			
	<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 07 / 17 / 2014	
Mailing Address 1496 FAIRFIELD WOODS ROAD			Amount of Each Disbursement this Period 230.25	
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.7368	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	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. GREGORY PAGNOZZI			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 1496 FAIRFIELD WOODS ROAD			Amount of Each Disbursement this Period 79.50	
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.7369	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	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. GREGORY PAGNOZZI			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 1496 FAIRFIELD WOODS ROAD			Amount of Each Disbursement this Period 341.50	
City FAIRFIELD	State CT	Zip Code 06825	Transaction ID : SB17.7370	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	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).....	651.25
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 194 OF 255			
	<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. OLIVIA ROSE PAPIC			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 8 HUSTED LANE			Amount of Each Disbursement this Period 336.00		
City NEW CANAAN	State CT	Zip Code 06840	Transaction ID : SB17.7517		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. OLIVIA ROSE PAPIC			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014		
Mailing Address 8 HUSTED LANE			Amount of Each Disbursement this Period 168.00		
City NEW CANAAN	State CT	Zip Code 06840	Transaction ID : SB17.7518		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. OLIVIA ROSE PAPIC			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address 8 HUSTED LANE			Amount of Each Disbursement this Period 120.00		
City NEW CANAAN	State CT	Zip Code 06840	Transaction ID : SB17.7519		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	624.00
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 195 OF 255			
	<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 PARKER			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 85 MANDALAY ROAD			Amount of Each Disbursement this Period 2500.00		
City WOLFEBORO	State NH	Zip Code 03894	Transaction ID : SB17.7217		
Purpose of Disbursement PAYROLL		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. HAROLD PARKER			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 85 MANDALAY ROAD			Amount of Each Disbursement this Period 317.45		
City WOLFEBORO	State NH	Zip Code 03894	Transaction ID : SB17.7379		
Purpose of Disbursement TRAVEL		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. HAROLD PARKER			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014		
Mailing Address 85 MANDALAY ROAD			Amount of Each Disbursement this Period 2500.00		
City WOLFEBORO	State NH	Zip Code 03894	Transaction ID : SB17.7226		
Purpose of Disbursement PAYROLL		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).....	5317.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 196 OF 255	
	<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 PARKER		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7234
City WOLFEBORO	State NH	
Zip Code 03894	Purpose of Disbursement PAYROLL	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. HAROLD PARKER		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 336.55 Transaction ID : SB17.7380
City WOLFEBORO	State NH	
Zip Code 03894	Purpose of Disbursement TRAVEL	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. HAROLD PARKER		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7242
City WOLFEBORO	State NH	
Zip Code 03894	Purpose of Disbursement PAYROLL	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).....	5336.55
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 197 OF 255	
	<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 PARKER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 122.00
City WOLFEBORO	State NH	
Zip Code 03894	Purpose of Disbursement TRAVEL	Transaction ID : SB17.7381
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. GRAYFORD PERKINS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 6 ECHO LANE		Amount of Each Disbursement this Period 204.50
City GREENWICH	State CT	
Zip Code 06830	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7366
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. SAGINE PHILITAS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 7 GIRARD STREET		Amount of Each Disbursement this Period 244.00
City NORWALK	State CT	
Zip Code 06850	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7618
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).....	570.50
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 198 OF 255	
	<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. SAGINE PHILITAS			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 7 GIRARD STREET			Amount of Each Disbursement this Period 224.00	
City NORWALK	State CT	Zip Code 06850	Transaction ID : SB17.7619	
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. SAGINE PHILITAS			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 7 GIRARD STREET			Amount of Each Disbursement this Period 344.00	
City NORWALK	State CT	Zip Code 06850	Transaction ID : SB17.7620	
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. SAGINE PHILITAS			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 7 GIRARD STREET			Amount of Each Disbursement this Period 66.00	
City NORWALK	State CT	Zip Code 06850	Transaction ID : SB17.7621	
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:			

SUBTOTAL of Disbursements This Page (optional).....	634.00
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 199 OF 255	
	<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. JORDAN PIELERT		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 15 WATERFORD LANE		Amount of Each Disbursement this Period 288.00 Transaction ID : SB17.7403
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. ALEXANDER CHRISTIAN PIERNE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 4 QUARTZ LANE		Amount of Each Disbursement this Period 627.00 Transaction ID : SB17.7262
City TRUMBULL State CT Zip Code 06611	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. ALEXANDER CHRISTIAN PIERNE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 4 QUARTZ LANE		Amount of Each Disbursement this Period 178.00 Transaction ID : SB17.7263
City TRUMBULL State CT Zip Code 06611	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:		

SUBTOTAL of Disbursements This Page (optional).....	1093.00
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 200 OF 255	
	<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 07 / 01 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 117.88
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.7524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 80.51
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.7525
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 254.45
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.7526
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	452.84
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 201 OF 255			
	<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 07 / 07 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 34.50
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7527
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 07 / 08 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 380.95
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7528
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 07 / 09 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 86.25
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7529
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).....	501.70
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 202 OF 255	
	<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 07 / 10 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 865.16
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7530
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 07 / 11 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 834.40
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7531
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 07 / 14 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 253.01
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7532
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).....	1952.57
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 203 OF 255	
	<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 07 / 15 / 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	Candidate Name	Transaction ID : SB17.7533
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.7534
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 12.82
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.7535
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	90.70
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 204 OF 255	
	<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 07 / 22 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 17.25 Transaction ID : SB17.7536
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.7537
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 20.13 Transaction ID : SB17.7538
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	38.82
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 205 OF 255	
	<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 07 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 17.25 Transaction ID : SB17.7539
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 07 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.7540
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 07 / 29 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 15.82 Transaction ID : SB17.7541
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).....	62.07
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 206 OF 255			
	<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 07 / 30 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 1.44	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.7542	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 28.75	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.7543	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PIRYX, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 11.50	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.7544	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	41.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 OF 255	
	<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 MM / DD / YYYY 08 / 04 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 264.50 Transaction ID : SB17.7545
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 MM / DD / YYYY 08 / 05 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 37.38 Transaction ID : SB17.7546
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 MM / DD / YYYY 08 / 06 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 370.88 Transaction ID : SB17.7547
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).....	672.76
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 208 OF 255	
	<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 08 / 07 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 682.83 Transaction ID : SB17.7548
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 08 / 08 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 35.95 Transaction ID : SB17.7549
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 08 / 11 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 83.38 Transaction ID : SB17.7550
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).....	682.83
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 209 OF 255			
	<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 08 / 12 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 280.04	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.7551	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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 08 / 13 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 29.00	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.7552	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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 08 / 13 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 63.25	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.7553	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	372.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 255			
	<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 08 / 14 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 7.19 Transaction ID : SB17.7554
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 08 / 18 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 93.45 Transaction ID : SB17.7555
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 08 / 19 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 7.19 Transaction ID : SB17.7556
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).....	107.83
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 211 OF 255	
	<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 08 / 20 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 14.38 Transaction ID : SB17.7557
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 08 / 21 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 28.75 Transaction ID : SB17.7558
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 08 / 25 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 75.90 Transaction ID : SB17.7559
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).....	119.03
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 212 OF 255			
	<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 08 / 26 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 10.07
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.7560	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 117.88
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.7561	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.7562	
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	277.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 213 OF 255	
	<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 08 / 29 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 11.50 Transaction ID : SB17.7563
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 09 / 02 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 74.76 Transaction ID : SB17.7564
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 09 / 02 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 115.00 Transaction ID : SB17.7565
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).....	201.26
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 214 OF 255	
	<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 09 / 04 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 57.50
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7566
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 09 / 05 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 194.07
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7567
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 09 / 08 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 32.20
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7568
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).....	283.77
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 215 OF 255	
	<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 09 / 09 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 393.49
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7569
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 09 / 10 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 254.47
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7570
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 09 / 11 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 155.25
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7571
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).....	803.21
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 216 OF 255			
	<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 09 / 15 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 219.96 Transaction ID : SB17.7572
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 09 / 16 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 621.00 Transaction ID : SB17.7573
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 09 / 17 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 227.13 Transaction ID : SB17.7574
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).....	1068.09
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 217 OF 255			
	<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 09 / 18 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 24.16
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7575
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 09 / 19 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 204.13
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7576
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 09 / 22 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 343.57
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.7577
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).....	571.86
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 255			
	<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 09 / 23 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 266.51
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.7578	
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 09 / 24 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 339.27
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.7579	
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 09 / 25 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 255.89
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.7580	
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).....	861.67
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 219 OF 255	
	<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 09 / 26 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 159.58 Transaction ID : SB17.7581
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 09 / 29 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 586.50 Transaction ID : SB17.7582
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 09 / 30 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 264.50 Transaction ID : SB17.7583
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).....	1010.58
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 220 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 3307.49
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS:STICKERS	Transaction ID : SB17.7584
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 567.91
City SHELTON	State CT	
Zip Code 06824	Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS:POSTCARDS	Transaction ID : SB17.7585
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. POLAND SPRINGS		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 6661 DIXIE HWY SUITE 4		Amount of Each Disbursement this Period 418.06
City LOUISVILLE	State KY	
Zip Code 40258	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.7586
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).....	4293.46
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 221 OF 255	
	<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. PREMIER GRAPHICS, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 860 HONEYSPOD RD		Amount of Each Disbursement this Period 5219.07 Transaction ID : SB17.7587
City STRATFORD State CT Zip Code 06615	Purpose of Disbursement DIRECT MAIL PRINTING	
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. PREMIER GRAPHICS, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 860 HONEYSPOD RD		Amount of Each Disbursement this Period 4295.00 Transaction ID : SB17.7588
City STRATFORD State CT Zip Code 06615	Purpose of Disbursement DIRECT MAIL PRINTING	
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. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.7213
City DERBY State CT Zip Code 06418	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14514.07
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 222 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 101.00
City DERBY State CT Zip Code 06418	Transaction ID : SB17.7401	
Purpose of Disbursement TRAVEL	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. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00
City DERBY State CT Zip Code 06418	Transaction ID : SB17.7222	
Purpose of Disbursement PAYROLL	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. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00
City DERBY State CT Zip Code 06418	Transaction ID : SB17.7230	
Purpose of Disbursement PAYROLL	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).....	10101.00
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 223 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.7238
City DERBY State CT Zip Code 06418	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.7246
City DERBY State CT Zip Code 06418	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2484.41 Transaction ID : SB17.7592
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12484.41
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 224 OF 255	
	<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 08 / 11 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2443.01
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7595
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 CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2909.35
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7598
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. RED GRAPE WINE AND SPIRITS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 12 BURTIS AVE		Amount of Each Disbursement this Period 254.86
City NEW CANAAN State CT Zip Code 06840	Purpose of Disbursement CAMPBELL REIMBURSEMENT:MEETING EXPENSE:CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.7434 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5352.86
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 255			
	<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 MAVERICK MEDIA, LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014		
Mailing Address 403 N. SECOND STREET FL2			Amount of Each Disbursement this Period 4767.04		
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.7600		
Purpose of Disbursement DIRECT MAIL PRINTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. KYLE RICHTER			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address 82 BARHOLM AVENUE			Amount of Each Disbursement this Period 156.00		
City STAMFORD	State CT	Zip Code 06907	Transaction ID : SB17.7442		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. KYLE RICHTER			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014		
Mailing Address 82 BARHOLM AVENUE			Amount of Each Disbursement this Period 240.00		
City STAMFORD	State CT	Zip Code 06907	Transaction ID : SB17.7443		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	5163.04
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 226 OF 255	
	<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. KYLE RICHTER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 82 BARHOLM AVENUE		Amount of Each Disbursement this Period 144.00
City STAMFORD State CT Zip Code 06907	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7444
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. CARLOS RIVERA		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 744.00
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7293
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. CARLOS RIVERA		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 703.50
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.7294
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).....	1591.50
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 227 OF 255	
	<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 MM / DD / YYYY 08 / 14 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 854.23 Transaction ID : SB17.7295
City STAMFORD	State CT	
Zip Code 06905	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. CARLOS RIVERA		Date of Disbursement MM / DD / YYYY 09 / 03 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 1310.50 Transaction ID : SB17.7296
City STAMFORD	State CT	
Zip Code 06905	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. CARLOS RIVERA		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 1037.50 Transaction ID : SB17.7297
City STAMFORD	State CT	
Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3202.23
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 228 OF 255	
	<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. MATT ROBERTS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 64 ARBOR TERRACE		Amount of Each Disbursement this Period 273.00 Transaction ID : SB17.7491
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. MATT ROBERTS		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 64 ARBOR TERRACE		Amount of Each Disbursement this Period 257.00 Transaction ID : SB17.7492
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. MATT ROBERTS		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 64 ARBOR TERRACE		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.7493
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	620.00
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 229 OF 255	
	<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. THEODORE ROBINSON			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 497 WILMOT AVENUE			Amount of Each Disbursement this Period 480.00	
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.7664	
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. THEODORE ROBINSON			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 497 WILMOT AVENUE			Amount of Each Disbursement this Period 480.00	
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.7665	
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. THEODORE ROBINSON			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 497 WILMOT AVENUE			Amount of Each Disbursement this Period 540.00	
City BRIDGEPORT	State CT	Zip Code 06607	Transaction ID : SB17.7666	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 230 OF 255	
	<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. ELYSE RYAN			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.7214	
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. ELYSE RYAN			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.7223	
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 08 / 14 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.7231	
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).....	3000.00
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 231 OF 255	
	<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. ELYSE RYAN			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.7239	
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. ELYSE RYAN			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.7247	
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. ERIKA SALAZZO			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 100 ROCKRIDGE LANE			Amount of Each Disbursement this Period 456.00	
City STAMFORD	State CT	Zip Code 06903	Transaction ID : SB17.7351	
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:				

SUBTOTAL of Disbursements This Page (optional).....	2456.00
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 232 OF 255	
	<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. ERIKA SALAZZO		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 100 ROCKRIDGE LANE		Amount of Each Disbursement this Period 432.00
City STAMFORD State CT Zip Code 06903	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7352
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. ERIKA SALAZZO		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 100 ROCKRIDGE LANE		Amount of Each Disbursement this Period 396.00
City STAMFORD State CT Zip Code 06903	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7353
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. ERIKA SALAZZO		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 100 ROCKRIDGE LANE		Amount of Each Disbursement this Period 108.00
City STAMFORD State CT Zip Code 06903	Purpose of Disbursement FIELD CONSULTING	
Candidate Name		Transaction ID : SB17.7354
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).....	936.00
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 234 OF 255			
	<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. KAYLA SCINTO			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014		
Mailing Address 32 LINDBERG DRIVE			Amount of Each Disbursement this Period 60.00		
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7425		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. KAYLA SCINTO			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014		
Mailing Address 32 LINDBERG DRIVE			Amount of Each Disbursement this Period 870.00		
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7426		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. KAYLA SCINTO			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014		
Mailing Address 32 LINDBERG DRIVE			Amount of Each Disbursement this Period 918.00		
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7427		
Purpose of Disbursement FIELD CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	1848.00
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 235 OF 255	
	<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 07 / 01 / 2014
Mailing Address 3900 WILLOW STREET SUITE 200		Amount of Each Disbursement this Period 46140.00 Transaction ID : SB17.7624
City DALLAS State TX Zip Code 75226	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:		

Full Name (Last, First, Middle Initial) B. SCOTT HOWELL & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 3900 WILLOW STREET SUITE 200		Amount of Each Disbursement this Period 8056.00 Transaction ID : SB17.7625
City DALLAS State TX Zip Code 75226	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:		

Full Name (Last, First, Middle Initial) C. SCOTT HOWELL & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 3900 WILLOW STREET SUITE 200		Amount of Each Disbursement this Period 46140.00 Transaction ID : SB17.7626
City DALLAS State TX Zip Code 75226	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).....	100336.00
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 236 OF 255	
	<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 08 / 01 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 23355.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7627	
Purpose of Disbursement PLACED MEDIA		Category/Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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 08 / 08 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 18945.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7628	
Purpose of Disbursement PLACED MEDIA		Category/Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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 & COMPANY			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 18945.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7629	
Purpose of Disbursement PLACED MEDIA		Category/Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	61245.00
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 237 OF 255	
	<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 08 / 27 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 22865.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7630	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought:	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 09 / 03 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 8726.00	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7631	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought:	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 & COMPANY			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 25878.50	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7632	
Purpose of Disbursement PLACED MEDIA		Category/ Type		
Candidate Name				
Office Sought:	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).....	57469.50
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 238 OF 255			
	<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 09 / 11 / 2014	
Mailing Address 3900 WILLOW STREET SUITE 200			Amount of Each Disbursement this Period 3,218.50	
City DALLAS	State TX	Zip Code 75226	Transaction ID : SB17.7633	
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. SHERMAN STREET ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 1499 POST ROAD			Amount of Each Disbursement this Period 3,700.00	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.7634	
Purpose of Disbursement RENT		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 08 / 13 / 2014	
Mailing Address 1499 POST ROAD			Amount of Each Disbursement this Period 3,700.00	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.7635	
Purpose of Disbursement RENT		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).....	33278.50
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 239 OF 255	
	<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. SHERMAN STREET ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 1499 POST ROAD			Amount of Each Disbursement this Period 3700.00	
City FAIRFIELD	State CT	Zip Code 06824	Transaction ID : SB17.7636	
Purpose of Disbursement RENT		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. IAN SILVA			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 165 BLUEBERRY ROAD			Amount of Each Disbursement this Period 200.00	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7382	
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. IAN SILVA			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 165 BLUEBERRY ROAD			Amount of Each Disbursement this Period 80.00	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7383	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3980.00
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 240 OF 255	
	<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. IAN SILVA		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 165 BLUEBERRY ROAD		Amount of Each Disbursement this Period 83.50
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7384
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. IAN SILVA		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 165 BLUEBERRY ROAD		Amount of Each Disbursement this Period 156.00
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7385
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. MICHAEL SINGER		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 36 TALMADGE LANE		Amount of Each Disbursement this Period 264.00
City STAMFORD	State CT	
Zip Code 06905	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7498
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).....	503.50
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 241 OF 255	
	<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. MICHAEL SINGER			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 36 TALMADGE LANE			Amount of Each Disbursement this Period 144.00	
City STAMFORD	State CT	Zip Code 06905	Transaction ID : SB17.7499	
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. THOMAS SORENSON			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014	
Mailing Address 12 FAIRGREEN LANE			Amount of Each Disbursement this Period 1564.00	
City OLD GREENWICH	State CT	Zip Code 06870	Transaction ID : SB17.7669	
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. SOUTHERN CONNECTICUT GAS			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address PO BOX 9112			Amount of Each Disbursement this Period 322.79	
City CHELSEA	State MA	Zip Code 02150	Transaction ID : SB17.7622	
Purpose of Disbursement 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).....	2030.79
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 242 OF 255	
	<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. SOUTHERN CONNECTICUT GAS		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO BOX 9112		Amount of Each Disbursement this Period 382.10
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement UTILITIES	Transaction ID : SB17.7623
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. CHRISTIAN SPENCER		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 902 MAPLE HILL RD		Amount of Each Disbursement this Period 1891.00
City GUILFORD	State CT	
Zip Code 06437	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7309
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. CHRISTIAN SPENCER		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 902 MAPLE HILL RD		Amount of Each Disbursement this Period 1833.48
City GUILFORD	State CT	
Zip Code 06437	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7310
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).....	4106.58
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 243 OF 255	
	<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. CHRISTIAN SPENCER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 902 MAPLE HILL RD		Amount of Each Disbursement this Period 2919.06
City GUILFORD	State CT	
Zip Code 06437	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7311
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. SUMMIT CONSULTING GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 3230 E. BROADWAY RD. STE C-260		Amount of Each Disbursement this Period 4891.25
City PHOENIX	State AZ	
Zip Code 85040	Purpose of Disbursement COMMUNICATIONS CONSULTING	Transaction ID : SB17.7646
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. ADAM TARCZALI		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 32 BAKER ST.		Amount of Each Disbursement this Period 278.00
City MILFORD	State CT	
Zip Code 06461	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7254
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).....	8088.31
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 244 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. ADAM TARCZALI		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 32 BAKER ST.		Amount of Each Disbursement this Period 267.00 Transaction ID : SB17.7255
City MILFORD	State CT	
Zip Code 06461	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE CAPITOL EDGE		Date of Disbursement MM / DD / YYYY 07 / 14 / 2014
Mailing Address 543 OLD MILL ROAD		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.7655
City FAIRFIELD	State CT	
Zip Code 06824	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 HOME DEPOT		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 541 KINGS HIGHWAY CUTOFF		Amount of Each Disbursement this Period 16.99 Transaction ID : SB17.7472 [MEMO ITEM]
City FAIRFIELD	State CT	
Zip Code 06824	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).....	5267.00
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 245 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. THE LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 4023.57	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7656	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. THE LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 3250.84	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7657	
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 LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 4379.00	
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7658	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	11653.41
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 246 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. THE UNITED ILLUMINATING COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO BOX 9230		Amount of Each Disbursement this Period 312.69 Transaction ID : SB17.7659
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement UNTILITIES	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. THE UNITED ILLUMINATING COMPANY		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address PO BOX 9230		Amount of Each Disbursement this Period 568.34 Transaction ID : SB17.7660
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement UNTILITIES	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. THE UNITED ILLUMINATING COMPANY		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO BOX 9230		Amount of Each Disbursement this Period 549.89 Transaction ID : SB17.7661
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement UNTILITIES	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1430.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 247 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. THE UNIVERSITY CLUB			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address PO BOX 5475			Amount of Each Disbursement this Period 1329.79	
City NY	State NY	Zip Code 10087	Transaction ID : SB17.7663	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. GEORGE THOMPSON			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 400 OLIVE STREET			Amount of Each Disbursement this Period 480.00	
City BRIDGEPORT	State CT	Zip Code 06604	Transaction ID : SB17.7359	
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. GEORGE THOMPSON			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014	
Mailing Address 400 OLIVE STREET			Amount of Each Disbursement this Period 555.00	
City BRIDGEPORT	State CT	Zip Code 06604	Transaction ID : SB17.7360	
Purpose of Disbursement FIELD CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2364.79
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 248 OF 255	
	<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. GEORGE THOMPSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 400 OLIVE STREET		Amount of Each Disbursement this Period 945.00 Transaction ID : SB17.7361
City BRIDGEPORT	State CT	
Zip Code 06604	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. GEORGE THOMPSON		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 400 OLIVE STREET		Amount of Each Disbursement this Period 407.00 Transaction ID : SB17.7362
City BRIDGEPORT	State CT	
Zip Code 06604	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. TUSK PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 5617.40 Transaction ID : SB17.7674
City DENVER	State NJ	
Zip Code 07834	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6969.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 249 OF 255	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. TUSK PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 8560.00
City DENVILLE State NJ Zip Code 07834	Category/Type	
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB17.7675
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. TUSK PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 8450.44
City DENVILLE State NJ Zip Code 07834	Category/Type	
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB17.7676
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 16 TOZER ROAD		Amount of Each Disbursement this Period 98.00
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement DEBICELLA REIMBURSEMENT:POSTAGE		Transaction ID : SB17.7318
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).....	17010.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 250 OF 255	
	<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. JAIME UTZ		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 2 HOLLIS ST		Amount of Each Disbursement this Period 228.00 Transaction ID : SB17.7387
City FAIRFIELD	State CT	
Zip Code 06824	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. GRANT VAGNONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 11 BLACKHAWK ROAD		Amount of Each Disbursement this Period 216.00 Transaction ID : SB17.7363
City TRUMBULL	State CT	
Zip Code 06611	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. GRANT VAGNONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 11 BLACKHAWK ROAD		Amount of Each Disbursement this Period 126.00 Transaction ID : SB17.7364
City TRUMBULL	State CT	
Zip Code 06611	Purpose of Disbursement FIELD CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	570.00
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 251 OF 255	
	<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 09 / 23 / 2014
Mailing Address P.O. BOX 794		Amount of Each Disbursement this Period 3880.45
City WEST CALDWELL	State NJ	
Zip Code 07007	Purpose of Disbursement DIRECT MAIL PRINTING	Transaction ID : SB17.7677
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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 71 DODGE STREET		Amount of Each Disbursement this Period 63.65
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement DEBICELLA REIMBURSEMENT:MOBILE PHONE EXPENSE	Transaction ID : SB17.7316
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. TIM WARREN		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 841 COLORADO AVE 1ST FLOOR		Amount of Each Disbursement this Period 408.00
City BRIDGEPORT	State CT	
Zip Code 06604	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.7670
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).....	4288.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 252 OF 255	
	<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. TIM WARREN		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 841 COLORADO AVE 1ST FLOOR		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.7671
City BRIDGEPORT State CT Zip Code 06604	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. TIM WARREN		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 841 COLORADO AVE 1ST FLOOR		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.7672
City BRIDGEPORT State CT Zip Code 06604	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. TIM WARREN		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 841 COLORADO AVE 1ST FLOOR		Amount of Each Disbursement this Period 504.00 Transaction ID : SB17.7673
City BRIDGEPORT State CT Zip Code 06604	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:		

SUBTOTAL of Disbursements This Page (optional).....	1224.00
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 253 OF 255	
	<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. DAVID WATSON			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 58 HORSESHOE ROAD			Amount of Each Disbursement this Period 393.50	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.7326	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	393.50
TOTAL This Period (last page this line number only).....	522674.65

**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 254 OF 255			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. DONALD M KENDALL			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014		
Mailing Address 8 SOUND SHORE DRIVE SUITE 210			Amount of Each Disbursement this Period 2600.00		
City GREENWICH	State CT	Zip Code 06830-7242	Transaction ID : SB20A.7210		
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. BRIAN OLSON			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014		
Mailing Address 44 MAYO AVE			Amount of Each Disbursement this Period 2600.00		
City GREENWICH	State CT	Zip Code 06830	Transaction ID : SB20A.7207		
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. RICHARD VOELL			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014		
Mailing Address 25 PILOT ROCK LANE			Amount of Each Disbursement this Period 2600.00		
City RIIVERSIDE	State CT	Zip Code 06878	Transaction ID : SB20A.7601		
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 255 OF 255			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. DAVID WEST		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 242 STANWICH ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.7209
City GREENWICH State CT Zip Code 06830	Purpose of Disbursement CONTRIBUTION REFUND	
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).....	1000.00
TOTAL This Period (last page this line number only).....	8800.00