

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

DEBICELLA FOR CONGRESS 2014

ADDRESS (number and street) ▼

P.O. BOX 369

Check if different than previously reported. (ACC)

FAIRFIELD

CT

06824

2. **FEC IDENTIFICATION NUMBER** ▼

C C00549527

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CT

04

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

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DEBICELLA FOR CONGRESS 2014

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	242229.00	778697.00
(b) Total Contribution Refunds (from Line 20(d))	20800.00	22100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	221429.00	756597.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	228070.27	425438.38
(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)).....	228070.27	425438.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	330658.62	
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:

M	M
04	

 /

D	D
27	

 /

Y	Y	Y	Y
2014			

 To:

M	M
06	

 /

D	D
30	

 /

Y	Y	Y	Y
2014			

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).....	212475.00	711285.00
(ii) Unitemized.....	8754.00	45412.00
(iii) TOTAL of contributions from individuals ▶	221229.00	756697.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21000.00	22000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	242229.00	778697.00
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)..... ▶	242229.00	778697.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	228070.27	425438.38
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	20800.00	22100.00
(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)).....	20800.00	22100.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	248870.27	448038.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	337299.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	242229.00
25. SUBTOTAL (add Line 23 and Line 24).....	579528.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	248870.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	330658.62

**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 156
	<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 O ADAIR

Mailing Address 85 FABLE FARM RD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
SELF-EMPLOYED INTERIOR DESIGNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6409

Amount of Each Receipt this Period
250.00

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

Mailing Address 12 DEWART RD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6672

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
NATHAN R ALLEN JR

Mailing Address 14 GOMEZ ROAD

City State Zip Code
HOBE SOUND FL 33455

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
 06 / 30 / 2014

Transaction ID : SA11AI.6593

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 6 OF 156
	<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 AMEN

Mailing Address 7983 VIZCAYA WAY

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period
500.00

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

Mailing Address 7983 VIZCAYA WAY

City State Zip Code
NAPLES FL 34108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.6439

Amount of Each Receipt this Period
200.00

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

Mailing Address 131 MEADOW ROAD

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
MAKERS PRODUCER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.6482

Amount of Each Receipt this Period
1000.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 156
	<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)
HARRY SINGH ARORA

Mailing Address 56 ROCKWOOD LANE

City GREENWICH State CT Zip Code 06830

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

Name of Employer ARCIM Occupation INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period
1000.00

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

Mailing Address 253 POST ROAD WEST

City WESTPORT State CT Zip Code 06880

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

Name of Employer MCKINSEY & COMPANY Occupation 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
 06 / 30 / 2014

Transaction ID : SA11AI.6680

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES R. BARKER

Mailing Address 180 LONG NECK POINT

City DARIEN State CT Zip Code 06820

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

Name of Employer MORMAC MARINE GROUP Occupation VICE 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 Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6683

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 156
	<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. DEAN BARR

Mailing Address 100 WEST PUTNAM AVENUE

City GREENWICH State CT Zip Code 06830

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6380

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 643 OENOKE RIDGE

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11AI.6446

Amount of Each Receipt this Period
 100.00

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

Mailing Address 643 OENOKE RIDGE

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer Occupation
 RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6728

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 9 OF 156
	<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. DRUMMOND BELL

Mailing Address 72 WILLOW STREET

City SOUTHPORT State CT Zip Code 06890

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.6322

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JEANNE BENNETT

Mailing Address 31 PERRYRIDGE ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer ROUND HILL NURSERY SCHOOL Occupation TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.6507

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PETER L BERRY

Mailing Address 26 BRUSH ISLAND ROAD

City DARIEN State CT Zip Code 06820

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

Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6624

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 10 OF 156
	<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)
SUSAN BEVAN

Mailing Address 90 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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.6326

Amount of Each Receipt this Period
1000.00

B. 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6364

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. MELISSA BRADSHAW

Mailing Address 11 EQUESTRIAN TRAIL

City WESTON State CT Zip Code 06883

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
 05 / 21 / 2014

Transaction ID : SA11AI.6328

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 11 OF 156
(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)
ADAM BREINER

Mailing Address 93 STONELEIGH RD

City State Zip Code
FAIRFIELD CT 06825

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR. KEVIN PAUL BRENNAN

Mailing Address 10 PUMPKIN HILL ROAD

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6268

Amount of Each Receipt this Period
300.00

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

Mailing Address 11 HARBOR BLUFF LANE

City State Zip Code
NORWALK CT 06853

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

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period
500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 156
	<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)
JAMES T BROWN

Mailing Address 135 MIDDLEBROOK FARM RD

City: WILTON State: CT Zip Code: 06897

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: 06 / 30 / 2014

Transaction ID : SA11AI.6687

Amount of Each Receipt this Period: 500.00

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

Mailing Address 248 LYONS PLAIN RD

City: WESTON State: CT Zip Code: 06883

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 850.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11AI.6704

Amount of Each Receipt this Period: 100.00

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

Mailing Address 625 RIDGEBURY RD

City: RIDGEFIELD State: CT Zip Code: 06877

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date: 2000.00

Date of Receipt: 05 / 07 / 2014

Transaction ID : SA11AI.6164

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 13 OF 156
	<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 P BURKE

Mailing Address 625 RIDGEBURY RD

City: RIDGEBURYFIELD State: CT Zip Code: 06877

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date: 2600.00

Date of Receipt: 05 / 07 / 2014

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period: 600.00

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

Mailing Address 625 RIDGEBURY RD

City: RIDGEBURYFIELD State: CT Zip Code: 06877

FEC ID number of contributing federal political committee: C

Name of Employer: SELF-EMPLOYED Occupation: INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 05 / 07 / 2014

Transaction ID : SA11AI.7153

Amount of Each Receipt this Period: 400.00

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

Mailing Address 448 WEST ROAD

City: NEW CANAAN State: CT Zip Code: 06840

FEC ID number of contributing federal political committee: C

Name of Employer: ALLEGHANY CORPORATION Occupation: CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 05 / 2014

Transaction ID : SA11AI.6235

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 14 OF 156
	<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. JOHN BURNS		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 448 WEST ROAD		Transaction ID : SA11AI.6292	
City NEW CANAAN	State CT	Zip Code 06840	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer ALLEGHANY CORPORATION	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____ Convention	Election Cycle-to-Date _____ 800.00		

Full Name (Last, First, Middle Initial) MR. JOHN BURNS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 448 WEST ROAD		Transaction ID : SA11AI.6594	
City NEW CANAAN	State CT	Zip Code 06840	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer ALLEGHANY CORPORATION	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____ 1100.00		

Full Name (Last, First, Middle Initial) DAVID DENNIS BURROWS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 239 HILLSIDE DR		Transaction ID : SA11AI.6709	
City GREENWICH	State CT	Zip Code 06830	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer HUDSON ADVISOR SERVICES INC	Occupation INVESTMENT MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____ 750.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 850.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 156
	<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. GEORGE M CAIN

Mailing Address **PO BOX 369**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.6407

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SANDRA W CAMPBELL

Mailing Address **89 5 MILE RIVER 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6732

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARGARET B CATTRELL

Mailing Address **261 SPRING WATER LANE**

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

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6596

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 16 OF 156
(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)
TIM CICCHESE

Mailing Address **46 POWDERMAKER DRIVE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.6247

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
SALVATORE J CINGARI

Mailing Address **360 CONNECTICUT AVENUE**

City **NORWALK** State **CT** Zip Code **69854**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period
300.00

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

Mailing Address **8 WILLOWMERE AVE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6652

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 17 OF 156
	<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)
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) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
STEVEN COLLINS

Mailing Address 29 VINTON ST
UNIT 5

City BOSTON State MA Zip Code 02127

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

Name of Employer ADVENT INTERNATIONAL Occupation FINANCIAL ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.6484

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
LARRY COMSTOCK

Mailing Address 35 COLLINSWOOD ROAD

City WILTON State CT Zip Code 06897

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

Name of Employer WORLD VISION US Occupation SENIOR AREA DIRECTOR/CHRISTIAN HUM/

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.6261

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 18 OF 156
	<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)
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) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 660 LAKE AVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer STABLE PARTNERS Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period
 500.00

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

Mailing Address 81 MALLARD DRIVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer AON Occupation BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.6560

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 19 OF 156
	<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 DALTON

Mailing Address 3226 PRIMROSE LANE

City State Zip Code
YORBA LINDA CA 92886

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

Name of Employer Occupation
DALTON CAPITAL CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.6493

Amount of Each Receipt this Period
250.00

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

Mailing Address 18 PILOT ROCK LANE

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Transaction ID : SA11AI.6251

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENDALL B DAVIS

Mailing Address 224 WHITE OAK SHADE ROAD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 30 LAUREL GLEN DR

City State Zip Code
SHELTON CT 06484

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

Name of Employer Occupation
PROCTOR AND GAMBLE PROJECT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.6504

Amount of Each Receipt this Period
2600.00

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

Mailing Address 143 OLD CHURCH ROAD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
BECK MACK & OLIVER LLC MONEY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11AI.6448

Amount of Each Receipt this Period
500.00

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

Mailing Address 6 BERMUDA ROAD

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
THE CONIFER GROUP FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6602

Amount of Each Receipt this Period
2500.00

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

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

5600.00

**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 156
	<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 State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
STADIUM CAPITAL MANAGEMENT, LLC INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DONNA LYNN DENSEL

Mailing Address 104 MEADOW ROAD

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
GREENWICH OPHTHALMOLOGY ASSOCIATES PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 24 / 2014

Transaction ID : SA11AI.6337

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM T DEROSA

Mailing Address 225 N COLUMBIA DR
APT 4812

City State Zip Code
CHICAGO IL 60601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6383

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 156
	<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. MATT DESALVO		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 52 DAWN HARBOR LANE		Transaction ID : SA11AI.6346
City RIVERSIDE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CRT CAPITAL	Occupation SECURITIES	
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) DAVID P DINEEN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 20 BAYBERRY LANE		Transaction ID : SA11AI.6606
City DARIEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) JESS P DIPASQUALE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1221 POST RD EAST		Transaction ID : SA11AI.6706
City WESTPORT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer ALLIANCE GROUP	Occupation TELECOM EXEC	
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).....	1050.00
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 23 OF 156
	<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) ADAM DUNSBY		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2014
Mailing Address 65 REDDING ROAD		Transaction ID : SA11AI.6537
City EASTON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer TOWN OF EASTON	Occupation FIRST SELECTMAN	
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) ROBERT DYER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2014
Mailing Address 2 MCLAREN ROAD		Transaction ID : SA11AI.6182
City DARIEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer MERRILL LYNCH	Occupation FINANCE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) ROBERT DYER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2014
Mailing Address 2 MCLAREN ROAD		Transaction ID : SA11AI.6259
City DARIEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MERRILL LYNCH	Occupation FINANCE	REDESIGNATED
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00	

SUBTOTAL of Receipts This Page (optional).....	9400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 156
	<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)
ROBERT DYER

Mailing Address **2 MCLAREN ROAD**

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

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

Name of Employer **MERRILL LYNCH** Occupation **FINANCE**

Receipt For: 2014
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 11 / 2014

Transaction ID : SA11AI.6736

Amount of Each Receipt this Period
-2600.00
 SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
LEONARD ANITHINY FASANO

Mailing Address **7 SYCAMORE LANE**

City **NORTH HAVEN** State **CT** Zip Code **06473**

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

Name of Employer **FASANO, IPPOLITO AND LEE** 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
06 / 27 / 2014

Transaction ID : SA11AI.6554

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JONATHAN FELDMAN

Mailing Address **200 BYRAM SHORE RD**

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

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

Name of Employer **PATRIOT EXPLORATION LLC** Occupation **INVESTMENTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.6523

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 156
	<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)
BOB FERGUSON

Mailing Address 10 HICKORY LANE

City WESTON State CT Zip Code 06883

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

Name of Employer SELF-EMPLOYED Occupation BOND 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
 06 / 29 / 2014

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period
250.00

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

Mailing Address 129 QUARTER HORSE LANE

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer RJF CONSULTING Occupation MARKETING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6384

Amount of Each Receipt this Period
2500.00

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

Mailing Address 242 HIGH RIDGE COURT

City YORKTOWN HEIGHTS State NY Zip Code 10598

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

Name of Employer FERRUCCI Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period
250.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 156
(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)
DOUGLAS P FIELDS

Mailing Address 100 MIDWOOD RD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period
500.00

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

Mailing Address 8 GREENWICH OFFICE PARK
STE 3

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
CAPITAL PARTNERS 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
 06 / 30 / 2014

Transaction ID : SA11AI.6673

Amount of Each Receipt this Period
1600.00

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

Mailing Address 500 FIELD POINT ROAD

City State Zip Code
GREENWICH CT 06830

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

Name of Employer Occupation
WEBSTER BANK PRIVATE BANKING

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
 06 / 30 / 2014

Transaction ID : SA11AI.6678

Amount of Each Receipt this Period
250.00

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

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

2350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 156
	<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. ALLISON FRANTZ

Mailing Address 123 MEADOW ROAD

City RIVERSIDE State CT Zip Code 06878

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

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

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6310

Amount of Each Receipt this Period
 5200.00

B. Full Name (Last, First, Middle Initial)
MS. ALLISON FRANTZ

Mailing Address 123 MEADOW ROAD

City RIVERSIDE State CT Zip Code 06878

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
 05 / 15 / 2014

Transaction ID : SA11AI.6311

Amount of Each Receipt this Period
 2600.00

REDESIGNATED

C. Full Name (Last, First, Middle Initial)
MS. ALLISON FRANTZ

Mailing Address 123 MEADOW ROAD

City RIVERSIDE State CT Zip Code 06878

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

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

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6743

Amount of Each Receipt this Period
 -2600.00

SEE REDESIGNATION

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

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

5200.00

**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 156
	<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. L. SCOTT FRANTZ		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 8 SOUND SHORE DRIVE		Transaction ID : SA11AI.6186	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer HAEBLER CAPITAL	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. L. SCOTT FRANTZ		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 8 SOUND SHORE DRIVE		Transaction ID : SA11AI.6263	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HAEBLER CAPITAL	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		
REDESIGNATED			

Full Name (Last, First, Middle Initial) C. L. SCOTT FRANTZ		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 8 SOUND SHORE DRIVE		Transaction ID : SA11AI.6737	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer HAEBLER CAPITAL	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 5200.00		
SEE REDESIGNATION			

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

**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 156
	<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. WARD FRENCH

Mailing Address **485 RIVERSIDE AVE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.6249

Amount of Each Receipt this Period
300.00

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

Mailing Address **631 LOND RIDGE ROAD
UNIT 36**

City **STAMFORD** State **CT** Zip Code **06902**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.6441

Amount of Each Receipt this Period
1000.00

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

Mailing Address **738 FLINTLOCK RD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.6480

Amount of Each Receipt this Period
500.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 156
	<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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.6330

Amount of Each Receipt this Period
500.00

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

Mailing Address 27 SUNSET RD

City State Zip Code
OLD GREENWICH CT 06870

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

Name of Employer Occupation
STATE OF CT REPRESENTATIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6397

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AMY A GILDEA

Mailing Address 267 WHITE OAK SHADE RD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
PEOPLE'S UNITED BANK LOAN ORIGINATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6607

Amount of Each Receipt this Period
250.00

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 31 OF 156
	<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. CHARLES L GLAZER		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 17HUSTED LANE		Transaction ID : SA11AI.6405	
City GREENWICH	State CT	Zip Code 06830	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer CLG INVESTMENT COMPANY, INC	Occupation INVESTMENT BANKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. PETER K GOGOLAK		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address P.O. BOX 1166		Transaction ID : SA11AI.6651	
City DARIEN	State CT	Zip Code 06820	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RR DONNELLEY	Occupation PRINTING SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

Full Name (Last, First, Middle Initial) C. MARC GOLDMAN		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 1500 SOUTH OCEAN BLVD		Transaction ID : SA11AI.6175	
City BOCA RATON	State FL	Zip Code 33432	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 32 OF 156
(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. SIDNEY GOODFRIEND

Mailing Address 115 ZACCHEUS MEAD LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer AMERICAN CORPORATE 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
06 / 04 / 2014

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LOREDANA CARMEN GRANDIS

Mailing Address 55 CALHOUN DR

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
06 / 23 / 2014

Transaction ID : SA11AI.6506

Amount of Each Receipt this Period
500.00

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

Mailing Address 131 HOLMES AVENUE

City DARIEN State CT Zip Code 06820

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6609

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 33 OF 156
(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)
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
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : SA11AI.6566

Amount of Each Receipt this Period
100.00

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

Mailing Address 15 MICHAELS WAY

City State Zip Code
WESTON CT 06883

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

Name of Employer Occupation
ALTUS CAPITAL PARTNERS INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6513

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. RANDALL GREENE

Mailing Address 40 BUCKFIELD LANE

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
SFIC 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
 05 / 27 / 2014

Transaction ID : SA11AI.6344

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 34 OF 156
	<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. RANDALL GREENE

Mailing Address 40 BUCKFIELD LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer SFIC Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7165

Amount of Each Receipt this Period
500.00

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

Mailing Address 88 CEDAR CLIFF RD

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer TELEOS ASSET MANAGEMENT Occupation HEDGE FUND

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period
1600.00

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

Mailing Address 3 HERMIT CT

City WESTPORT State CT Zip Code 06880

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

Name of Employer CASTLEKEEP INVESTMENT ADVISORS Occupation INVESTMENT ADVISORY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6686

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 35 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 149 SUNSET AVE

City State Zip Code
RIDGEWOOD NJ 07450

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

Name of Employer Occupation
NEW YORK STOCK EXCHANGE EXECUTIVE VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period
 300.00

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

Mailing Address 21 WILL MERRY LANE

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
THE HAMILTON COMPANIES INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2014

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO BOX 54

City State Zip Code
BIRCHRUNVILLE PA 19421

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

Name of Employer Occupation
BNYM FINANCE

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period
 2600.00

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

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

3150.00

**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 156
	<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)
CLARE HARRINGTON

Mailing Address 18 BURYING HILL 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) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2014

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 324 SO. BALD HILL 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MS. ANN Z HASKEL

Mailing Address 13 SPRUCEWOOD LANE

City WESTPORT State CT Zip Code 06880

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period
 2600.00
 REATTRIBUTION FROM JAMES HASKEL

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 156
	<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. JAMES LEE HASKEL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014	
Mailing Address 13 SPRUCEWOOD LANE		Transaction ID : SA11AI.6166	
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 BRIDGEWATER ASSOCIATES Occupation INVESTMENT MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) B. JAMES LEE HASKEL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014	
Mailing Address 13 SPRUCEWOOD LANE		Transaction ID : SA11AI.6735	
City WESTPORT State CT Zip Code 06880	Amount of Each Receipt this Period -2600.00 SEE REATTRIBUTION:ANN HASKEL		
FEC ID number of contributing federal political committee. C	Name of Employer BRIDGEWATER ASSOCIATES Occupation INVESTMENT MANAGEMENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. RANDALL MATTHEW HECK		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2014	
Mailing Address 57 GREENLEAF AVENUE		Transaction ID : SA11AI.6432	
City DARIEN State CT Zip Code 06820	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer GOODNOW INVESTMENT GROUP Occupation INVESTMENT MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 38 OF 156
	<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 7 SNOWBERRY LANE

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
450.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.6317

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOANNE K HENNESSY

Mailing Address 72 HOLLY LANE

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
800.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6621

Amount of Each Receipt this Period
300.00

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

Mailing Address 153 SUNSET HILL ROAD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7184

Amount of Each Receipt this Period
500.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 156
	<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 A HERRMANN

Mailing Address 75 KELLERS FARM ROAD

City EASTON State CT Zip Code 06612

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

Name of Employer STANWICH PARTNERS LLC Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6703

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
KAREN HESS

Mailing Address 11 CHARCOAL 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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6403

Amount of Each Receipt this Period
 2100.00

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

Mailing Address 697 VALLEY RD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6618

Amount of Each Receipt this Period
 500.00

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

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

3600.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 40 OF 156

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
KEVIN HILL

Mailing Address **4 SOMERSET DRIVE**

City **RUMSON** State **NJ** Zip Code **07760**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6670

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address **1300 ROCK RIMMON ROAD**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6711

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
STEPHANIE JEANNE HOTCHKISS

Mailing Address **144 INDIAN HEAD ROAD**

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

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

Name of Employer **GREENWICH DENTAL GROUP** Occupation **DENTIST**

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
06 / 23 / 2014

Transaction ID : SA11AI.6509

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 156
	<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)
CHARLES HOWLEY

Mailing Address 36 LAUDER 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) Convention

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
PAUL HUFFARD

Mailing Address 20 JUNIPER ROAD

City DARIEN State CT Zip Code 06820

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

Name of Employer THE BLACKSTONE GROUP Occupation BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.6547

Amount of Each Receipt this Period
2300.00

C. Full Name (Last, First, Middle Initial)
DEEPA JAVERI

Mailing Address 7 LARKSPUR LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.6478

Amount of Each Receipt this Period
500.00

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 42 OF 156
	<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)
DEEPA JAVERI

Mailing Address **7 LARKSPUR LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.6479

Amount of Each Receipt this Period
1000.00

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

Mailing Address **15 WITHERELL DRIVE**

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

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

Name of Employer **CLIFTON BROKERAGE CORPORATION** Occupation **INSURANCE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.6526

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
ANDREW R JONES

Mailing Address **8 TOWN CRIER LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.9233

Amount of Each Receipt this Period
2600.00

SEE REATTRIBUTION
[MEMO ITEM]

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

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

1200.00

**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 156
	<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)
ANDREW R JONES

Mailing Address **8 TOWN CRIER LANE**

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 15 / 2014

Transaction ID : SA11AI.9237

Amount of Each Receipt this Period
-2600.00

REATTRIBUTION

[MEMO ITEM]

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

Mailing Address **8 TOWN CRIER LANE**

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

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

Name of Employer **SELF-EMPLOYED** 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
06 / 15 / 2014

Transaction ID : SA11AI.9226

Amount of Each Receipt this Period
2600.00

REATTRIBUTED

[MEMO ITEM]

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

Mailing Address **605 WALNUT TREE HILL RD**

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

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

Name of Employer **JONES FAMILY FARM** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7161

Amount of Each Receipt this Period
500.00

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 44 OF 156
	<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. KATIE KENNEALLY		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 72 SPRING ST		Transaction ID : SA11AI.6250	
City FLORENCE	State MA	Zip Code 01062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer STATE OF CT	Occupation PUBLIC AFFAIRS COORDINATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) B. AARON KENNON		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 11 OLD CLUBHOUSE ROAD		Transaction ID : SA11AI.6351	
City OLD GREENWICH	State CT	Zip Code 06870	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CLEAR HARBOR ASSET MANAGEMENT	Occupation INVESTMENTS		
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) C. RICHARD KESSLER		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 8 CHIEFTANS ROAD		Transaction ID : SA11AI.6611	
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	Occupation		
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).....	2150.00
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 45 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 7 CRESCENT LANE

City State Zip Code
TRUMBULL CT 06611

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.6359

Amount of Each Receipt this Period

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

Mailing Address 4 NATURES WAY

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BRIDGEWATER ASSOCIATES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.6273

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MUKUND KRISHNASWAMI

Mailing Address 1028 WILLOW AVENUE

City State Zip Code
HOBOKEN NJ 07030

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LIGHTHOUSE FUNDS, LLC INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.6685

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 46 OF 156
	<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)
BENJAMIN LANSON

Mailing Address 121 BARNCROFT RD

City State Zip Code
STAMFORD CT 06920

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

Name of Employer Occupation
BRIDGEWATER ASSOCIATES FINANCE

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.6240

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. JAMES T. LARKIN

Mailing Address 54 HIGHMEADOW RD

City State Zip Code
OLD GREENWICH CT 06870

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
06 / 11 / 2014

Transaction ID : SA11AI.6449

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS DANIEL LASERSOHN

Mailing Address 304 NORTH AVENUE

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.6406

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

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

FOR LINE NUMBER: PAGE 47 OF 156
(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. THOMAS DANIEL LASERSOHN

Mailing Address 304 NORTH AVENUE

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7162

Amount of Each Receipt this Period

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.

Name of Employer GREAT EASTERN ENERGY Occupation TRADING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.6619

Amount of Each Receipt this Period

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

Mailing Address 141 BRISCOE RD

City NEW CANAAN State CT Zip Code 06840

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.6295

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 48 OF 156
(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)
LARRY JAY LAWRENCE

Mailing Address 40 BROOKRIDGE DR

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) Convention

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.6294

Amount of Each Receipt this Period
1600.00

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

Mailing Address 883 HARBOR ROAD

City State Zip Code
SOUTHPORT CT 06890

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

Name of Employer Occupation
WESTWAY CAPITAL LLC 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
 06 25 2014

Transaction ID : SA11AI.6519

Amount of Each Receipt this Period
1000.00

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

Mailing Address 46 BALDWIN FARMS NORTH

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
RED STONE CAPITAL CORP 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
 05 30 2014

Transaction ID : SA11AI.6363

Amount of Each Receipt this Period
500.00

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 49 OF 156
	<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. BERNICE J LUKAS

Mailing Address 5 HIGHGATE RD

City RIVERSIDE State CT Zip Code 06878

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
 06 / 16 / 2014

Transaction ID : SA11AI.6466

Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6411

Amount of Each Receipt this Period
 1000.00

C. 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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.6361

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 50 OF 156
	<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)
ALBERTO MARCHIONNI

Mailing Address 956 MONROE TPKE

City MONROE State CT Zip Code 06468

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
 06 / 30 / 2014

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period
50.00

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

Mailing Address 730 SMITH RIDGE ROAD

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer MORGAN STANLEY Occupation FINANCIAL 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
 06 / 04 / 2014

Transaction ID : SA11AI.6413

Amount of Each Receipt this Period
500.00

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

Mailing Address 6 FRANCINE DRIVE

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) Convention

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6177

Amount of Each Receipt this Period
1000.00

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 51 OF 156
(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)
LEE W MATHER JR

Mailing Address 6 FRANCINE DR

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) Convention

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.6357

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
LEE W MATHER JR

Mailing Address 6 FRANCINE DR

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7167

Amount of Each Receipt this Period
2600.00

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

Mailing Address 998 POND MEADOW ROAD

City State Zip Code
WESTBROOK CT 06498

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

Name of Employer Occupation
MCDERMOTT WILL & EMERY 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 Y Y
 06 / 18 / 2014

Transaction ID : SA11AI.6486

Amount of Each Receipt this Period
1000.00

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

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

4200.00

**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 156
(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 MCCARTHY

Mailing Address 38 NEARWATER RD

City NORWALK State CT Zip Code 06853

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

Name of Employer **IBM** Occupation **SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6688

Amount of Each Receipt this Period
500.00

B. 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) **Convention**

Election Cycle-to-Date **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.6266

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
W.WALLACE MCDOWELL Jr.

Mailing Address 476 LAKE AVENUE

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) **Convention**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.6153

Amount of Each Receipt this Period
1000.00

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 53 OF 156
	<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)
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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.6551

Amount of Each Receipt this Period

500.00

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

Mailing Address 986 SOUTH PINE CREEK ROAD

City FAIRFIELD State CT Zip Code 06824

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

Name of Employer STATE OF CONNECTICUT Occupation STATE SENATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11AI.6335

Amount of Each Receipt this Period

750.00

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

Mailing Address 320 OLD OAKS RD

City FAIRFIELD State CT Zip Code 06825

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7166

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 54 OF 156
	<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 M MCLAUGHLIN

Mailing Address 589 WEST RD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.6415

Amount of Each Receipt this Period
500.00

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

Mailing Address 356 VALLEY RD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
UBS FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ANDREW MCMAHON

Mailing Address 21 TURKEY HILL CIRCLE

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation
AXA EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6658

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 55 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
LINDA E 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 **WWE** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LINDA E 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 **WWE** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

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

Transaction ID : SA11AI.7154

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS. DIANE MCNAMARA

Mailing Address 91 PEACEABLE STREET

City RIDGEFIELD State CT Zip Code 06877

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6281

Amount of Each Receipt this Period
300.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 56 OF 156
(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. PAUL MCNAMARA

Mailing Address 94 DANBURY ROAD

City State Zip Code
RIDGEFIELD CT 06877

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

Name of Employer Occupation
FAIRFIELD COUNTY BANK CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6275

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
AUDREY MCNIFF

Mailing Address 102 ZACCHEUS MEAD LANE

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6365

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS. ALICE P MELLY

Mailing Address 4 SOUND SHORE DR
UNIT 4

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6613

Amount of Each Receipt this Period
500.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 450 ROUND HILL ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer DSM CAPITAL PARTNERS Occupation INVESTMENT MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11AI.6445

Amount of Each Receipt this Period
1000.00

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) Convention

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6265

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. PHILIP K MEYER

Mailing Address 327 HOLLOW TREE RIDGE RD

City DARIEN State CT Zip Code 06820

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

Name of Employer PHILIP MEYER & CO Occupation OWNER

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
 06 / 16 / 2014

Transaction ID : SA11AI.6468

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 58 OF 156
(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)
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
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7164

Amount of Each Receipt this Period
500.00

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

Mailing Address 41 SULLIVAN DR

City WEST REDDING State CT Zip Code 06896

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period
150.00

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

Mailing Address 41 SULLIVAN DR

City WEST REDDING State CT Zip Code 06896

FEC ID number of contributing federal political committee. C

Name of Employer 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 Y Y
06 / 29 / 2014

Transaction ID : SA11AI.6575

Amount of Each Receipt this Period
100.00

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: PAGE 59 OF 156
(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)
DOMENIC MONACO

Mailing Address 76 WESTFIELD DR

City State Zip Code
TRUMBULL CT 06611

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

Name of Employer Occupation
PREMIER GRAPHICS SALES

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6220

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DOMENIC MONACO

Mailing Address 76 WESTFIELD DR

City State Zip Code
TRUMBULL CT 06611

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

Name of Employer Occupation
PREMIER GRAPHICS SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11AI.6456

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DOMENIC MONACO

Mailing Address 76 WESTFIELD DR

City State Zip Code
TRUMBULL CT 06611

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

Name of Employer Occupation
PREMIER GRAPHICS SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7168

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 60 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 579 FROGTOWN RD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
MERRILL LYNCH INVESTMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.6447

Amount of Each Receipt this Period
250.00

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

Mailing Address 290 SASCO HILL ROAD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR/CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.6534

Amount of Each Receipt this Period
500.00

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

Mailing Address 135 OENOKE RDGE

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
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.6714

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 61 OF 156	
	<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 MULLIGAN

Mailing Address 998 FAIRFIELD BEACH RD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
ALTRIA GROUP, INC. CORPORATE FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 29 2014

Transaction ID : SA11AI.6563

Amount of Each Receipt this Period
250.00

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

Mailing Address 16 KNOLLWOOD DRIVE

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
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.6674

Amount of Each Receipt this Period
1000.00

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

Mailing Address 326 HILLSIDE ROAD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.7160

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 62 OF 156
	<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) BRITTA ROSE NAYDEN		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 131 QUAYSIDE DRIVE		Transaction ID : SA11AI.6300	
City JUPITER	State FL	Zip Code 33477	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
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		

Full Name (Last, First, Middle Initial) BRITTA ROSE NAYDEN		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 131 QUAYSIDE DRIVE		Transaction ID : SA11AI.6309	
City JUPITER	State FL	Zip Code 33477	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) BRITTA ROSE NAYDEN		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 131 QUAYSIDE DRIVE		Transaction ID : SA11AI.6742	
City JUPITER	State FL	Zip Code 33477	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

**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 156
	<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)
DENIS JAMES NAYDEN

Mailing Address 131 QUAYSIDE DRIVE

City JUPITER State FL Zip Code 33477

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

Name of Employer OAK HILL CAPITAL PARTNERS Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6306

Amount of Each Receipt this Period
 5200.00

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

Mailing Address 131 QUAYSIDE DRIVE

City JUPITER State FL Zip Code 33477

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

Name of Employer OAK HILL CAPITAL PARTNERS Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6308

Amount of Each Receipt this Period
 2600.00

REDESIGNATED

C. Full Name (Last, First, Middle Initial)
DENIS JAMES NAYDEN

Mailing Address 131 QUAYSIDE DRIVE

City JUPITER State FL Zip Code 33477

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

Name of Employer OAK HILL CAPITAL PARTNERS Occupation PRIVATE EQUITY

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period
 -2600.00

SEE REDESIGNATION

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 64 OF 156
(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. 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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.6417

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. EMILY B NISSLEY

Mailing Address **30 OENOKE LN**

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

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 Y Y
06 / 04 / 2014

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period
250.00

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

Mailing Address **60 TOMAC AVE**

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

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

Name of Employer **HSBC** Occupation **INVESTMENT 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 Y Y
05 / 27 / 2014

Transaction ID : SA11AI.6354

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 65 OF 156
	<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)
CHRISTIAN L OBERBECK

Mailing Address 630 LAKE AVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer SARATOGA PARTNERS Occupation INVESTMENT PROFESSIONAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.6552

Amount of Each Receipt this Period
500.00

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

Mailing Address 44 MAYO AVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer KOKINO LLC Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.6559

Amount of Each Receipt this Period
5200.00

C. Full Name (Last, First, Middle Initial)
BRIAN OLSON

Mailing Address 44 MAYO AVE

City GREENWICH State CT Zip Code 06830

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

Name of Employer KOKINO LLC Occupation 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
 06 / 28 / 2014

Transaction ID : SA11AI.7187

Amount of Each Receipt this Period
-2600.00
SEE REDESIGNATION

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 66 OF 156
	<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. BRIAN OLSON		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2014
Mailing Address 44 MAYO AVE		Transaction ID : SA11AI.7189
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer KOKINO LLC	Occupation INVESTOR	REDESIGNATED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. PAUL EVAN ORLIN		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2014
Mailing Address 503 WIRE MILL ROAD		Transaction ID : SA11AI.6145
City STAMFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer AMICI CAPITAL LLC	Occupation INVESTMENT MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. DAVID SCOTT ORNER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 38 INTERVALE ROAD		Transaction ID : SA11AI.6641
City DARIEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PIER SIX CAPITAL, LLC	Occupation FINANCE	
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).....	

**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 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
TIMOTHY H ORR

Mailing Address 5 HIDDEN MEADOW LANE

City NEW CANAAN State CT Zip Code 06840

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

Name of Employer NEW CANAAN PRIVATE WEALTH Occupation SENIOR VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6615

Amount of Each Receipt this Period
 500.00

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

Mailing Address 154 GUARDS RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer THOR INDUSTRIES Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.6188

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
ANN C PENROSE

Mailing Address 81 MANSFIELD AVE

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 Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7177

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 68 OF 156
	<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. MR. WC BRIAN PEOPLES		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 86 DELAFIELD ISLAND RD		Transaction ID : SA11AI.6617	
City DARIEN	State CT	Zip Code 06820	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) B. MR. SHARON PHILLIPS		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 6 HYCLIFF RD		Transaction ID : SA11AI.6421	
City GREENWHICH	State CT	Zip Code 06831	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) C. ROGER JOHN PILC		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014	
Mailing Address 53 WINTHROP DR		Transaction ID : SA11AI.6498	
City RIVERSIDE	State CT	Zip Code 06878	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PITNEY BOWES	Occupation TECHNOLOGY EXECUTIVE		
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).....	_____ 1550.00
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 69 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address **24 SYLVAN LANE**

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

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

Name of Employer **NEUBERGER BERMAN LLC** Occupation **PORTFOLIO MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.6370

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MS. NATALIE PRAY

Mailing Address **465 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10022**

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
05 / 21 / 2014

Transaction ID : SA11AI.6332

Amount of Each Receipt this Period
500.00

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

Mailing Address **36 ST. NICHOLAS RD**

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

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

Name of Employer **RMG NETWORKS** Occupation **MEDIA SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.6500

Amount of Each Receipt this Period
50.00

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 70 OF 156
	<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. 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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.6488

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. JAMES 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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RUSSELL S REYNOLDS JR

Mailing Address 264 TACONIC RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RSR PARTNERS Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4750.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.6342

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 71 OF 156
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 122 OLD WEST MOUNTAIN RD

City Ridgefield State CT Zip Code 06877

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

Name of Employer REYNOLDS AND ROWELLA LLP Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6271

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MR. HERALD L RITCH

Mailing Address 10 FORT HILLS LANE

City Greenwich State CT Zip Code 06831

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

Name of Employer DONALDSON LUFKIN & JENRETTE Occupation INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6713

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
MS. LINDA S RITCH

Mailing Address 10 FORT HILLS LANE

City Greenwich State CT Zip Code 06831

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6717

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 72 OF 156
	<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 ROSE

Mailing Address 326 BAYBERRY LANE

City WESTPORT State CT Zip Code 06880

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.6283

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
STEPHEN ROTH

Mailing Address 17 LINCOLN LANE

City GREENWICH State CT Zip Code 06830

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

Name of Employer Occupation
SEVERN RIVER CAPITAL FINANCE

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.6149

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
JOSEPH D ROXE

Mailing Address 459 MIDDLESEX RD

City DARIEN State CT Zip Code 06820

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

Name of Employer Occupation
BAY HOLDINGS LLC CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6516

Amount of Each Receipt this Period
 1200.00

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: PAGE 73 OF 156
(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)
ROBERT D RUSSO

Mailing Address 1475 FAIRFIELD BEACH ROAD

City State Zip Code
FAIRFIELD CT 09621

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2014

Transaction ID : SA11AI.6721

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
STEVEN RYDER

Mailing Address 4 AMBLER ROAD WEST

City State Zip Code
WESTPORT CT 06880

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 11 2014

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period
500.00

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

Mailing Address 123 ZACCHEUS MEAD LANE

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
MORGAN STANLEY 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 Y Y
 05 22 2014

Transaction ID : SA11AI.6334

Amount of Each Receipt this Period
1000.00

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 74 OF 156
	<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. GEORGE SARNER		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 228 FARMS ROAD		Transaction ID : SA11AI.6476	
City STAMFORD	State CT	Zip Code 06903	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer JP MORGAN	Occupation FINANCIAL ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. NANCY SAYLER		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014	
Mailing Address 59 WHITE FALL LANCE		Transaction ID : SA11AI.6582	
City NEW CANAAN	State CT	Zip Code 06840	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
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. MR. G REAGAN SHANLEY III		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 114 COLONIAL RD		Transaction ID : SA11AI.6423	
City NEW CANAAN	State CT	Zip Code 06840	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer CAPMORK FINANCE LLC	Occupation INVESTOR		
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).....	_____ 2250.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 156
	<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)
ALAN SHURR

Mailing Address 13 CRESCENT BEECH ROAD

City State Zip Code
ROWAYTOWN CT 06853

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.6512

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR. SEAN SIMS

Mailing Address 55 WILTON ROAD EAST

City State Zip Code
RIDGEFIELD CT 06877

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

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.6230

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PRIYANKA SINGH

Mailing Address 381 HEMLOCK ROAD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
BRIDGEWATER ASSOCIATES LEVERAGE

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.6242

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 76 OF 156
	<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) BERNARD SIPPIN		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2014
Mailing Address 23 WESTVIEW DR		Transaction ID : SA11AI.6213
City MONROE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SIPPIN ENERGY	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Mr. GEORGE SKAKEL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 81 HOLLY HILL LANE		Transaction ID : SA11AI.6362
City GREENWICH	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EMG	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00	

Full Name (Last, First, Middle Initial) RAYMOND SLAVIN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2014
Mailing Address 4 MCLAREN RD S		Transaction ID : SA11AI.6438
City DARIEN	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 389.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 156
	<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) RAYMOND SLAVIN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 4 MCLAREN RD S		Transaction ID : SA11AI.6723	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 589.00		

Full Name (Last, First, Middle Initial) ELIZABETH P. SMITH		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 37 HOLLY LANE		Transaction ID : SA11AI.6532	
City DARIEN	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer PEDEVCO CORP	Occupation BOARD MEMBER		
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) FRANCHON SMITHSON		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 21 RED COAT ROAD		Transaction ID : SA11AI.9234	
City WESTPORT	State CT	Zip Code 06880	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 78 OF 156
(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)
FRANCHON SMITHSON

Mailing Address 21 RED COAT ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.9228

Amount of Each Receipt this Period
 _____ -2600.00

REATTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GLORIA SMITHSON

Mailing Address 21 RED COAT ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.9229

Amount of Each Receipt this Period
 _____ 2600.00

REATTRIBUTED

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GILLIAN STEEL

Mailing Address 71 MAYFAIR 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) Convention

Election Cycle-to-Date
 _____ 7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6312

Amount of Each Receipt this Period
 _____ 7800.00

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

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

_____ 7800.00

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

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

FOR LINE NUMBER: PAGE 79 OF 156
(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)
GILLIAN STEEL

Mailing Address 71 MAYFAIR LANE

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) Convention

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6313

Amount of Each Receipt this Period
 -5200.00
 SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
GILLIAN STEEL

Mailing Address 71 MAYFAIR LANE

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6314

Amount of Each Receipt this Period
 2600.00
 REDESIGNATED

C. Full Name (Last, First, Middle Initial)
GILLIAN STEEL

Mailing Address 71 MAYFAIR LANE

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
7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period
 2600.00
 REDESIGNATION(REFUND SENT TO COVER EXCESS CONTRIBUTIONS)

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

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

0.00

**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 156
	<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)
ROBERT K STEEL

Mailing Address 71 MAYFAIR LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period
 7800.00

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

Mailing Address 71 MAYFAIR LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.6288

Amount of Each Receipt this Period
 -5200.00
 SEE REDESIGNATION

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

Mailing Address 71 MAYFAIR LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.6289

Amount of Each Receipt this Period
 2600.00
 REDESIGNATED

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

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

5200.00

**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 156
	<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)
ROBERT K STEEL

Mailing Address 71 MAYFAIR LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.6738

Amount of Each Receipt this Period
2600.00

EXCESS TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
BRYON E STEVENS

Mailing Address 62 COMPO ROAD NORTH

City WESTPORT State CT Zip Code 06880

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

Name of Employer HLSS Occupation INVESTOR 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 Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FRANK J STIRNA

Mailing Address 80 ROOSEVELT FOREST DR

City STRATFORD State CT Zip Code 06614

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

Name of Employer GRANVILLE PRINTING Occupation OWNER

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
 06 / 30 / 2014

Transaction ID : SA11AI.6699

Amount of Each Receipt this Period
25.00

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

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

3125.00

**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 156
	<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) DAVIDDE E STRACKBEIN		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 53 RIDGEVIEW AVE		Transaction ID : SA11AI.6404	
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 RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) PATRICK H SWEARINGEN		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014	
Mailing Address 100 MYANOS RD		Transaction ID : SA11AI.6574	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer ENERGY TRUST LLC	Occupation INVESTMENT MANAGER		
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) BRANDON W SWEITZER		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 751 WEED STREET		Transaction ID : SA11AI.6715	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00	
Name of Employer ST. JOHNS UNIVERSITY	Occupation UNIVERSITY ADMINISTRATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2950.00		

SUBTOTAL of Receipts This Page (optional).....	2150.00
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 83 OF 156
	<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. RUSSEL REID TAYLOR		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014	
Mailing Address 31 INDIAN POINT LANE		Transaction ID : SA11AI.6464	
City RIVERSIDE	State CT	Zip Code 06878	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. JACK TESTANI		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 50 CRANBURY DRIVE		Transaction ID : SA11AI.6460	
City TRUMBULL	State CT	Zip Code 06611	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer ICON INTERNATIONAL	Occupation UPPER MANAGEMENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. PETER A THORSON		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 15 RIDGEBROOK RD		Transaction ID : SA11AI.6425	
City GREENWICH	State CT	Zip Code 06830	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer P.N.C ADVISORS	Occupation INVESTMENT ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4600.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3100.00
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 84 OF 156
	<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)
SARAH P THORSON

Mailing Address 15 RIDGEBROOK ROAD

City GREENWICH State CT Zip Code 06830

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

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

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.5991

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
SARAH P THORSON

Mailing Address 15 RIDGEBROOK ROAD

City GREENWICH State CT Zip Code 06830

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.6424

Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6622

Amount of Each Receipt this Period
 1500.00

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

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

3500.00

**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 85 OF 156
	<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. DINYAR S WADIA		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 134 MAIN STREET		Transaction ID : SA11AI.7176	
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 WADIA ASSOCIATES	Occupation PRESIDENT		
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. RICHARD WARD		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 77 WINFIELD LANE		Transaction ID : SA11AI.6329	
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 RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) C. RICHARD WARD		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 77 WINFIELD LANE		Transaction ID : SA11AI.6635	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
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 1800.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 156
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

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

Mailing Address 169 MONROE TPKE

City MONROE State CT Zip Code 06468

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

Name of Employer SAFE HARBOR CHARTERING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6693

Amount of Each Receipt this Period
500.00

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

Mailing Address 11 SURF ROAD

City WESTPORT State CT Zip Code 06880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7183

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
CLAIRE WHELAN

Mailing Address 33 VINEYARD 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
500.00

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

Transaction ID : SA11AI.6435

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 156
	<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. RICHARD E WIELAND		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 44 TURNEY RD		Transaction ID : SA11AI.6426	
City REDDING	State CT	Zip Code 06896	
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 1500.00		

Full Name (Last, First, Middle Initial) B. ELIZABETH W WILLIAMS		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1194 SMITH RIDGE ROAD		Transaction ID : SA11AI.6734	
City NEW CANAAN	State CT	Zip Code 06840	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. SUE ANN WILLIAMSON		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 225 BYRAM SHORE ROAD		Transaction ID : SA11AI.6302	
City GREENWICH	State CT	Zip Code 06830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer NEW YORK HISTORICAL SOCIETY	Occupation EDUCATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 156
	<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)
WENDELL LEWIS WILLKIE

Mailing Address 155 CHRISTIE HILL ROAD

City DARIEN State CT Zip Code 06820

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

Name of Employer MEADWESTVACO CORPORATION Occupation SENIOR VICE PRESIDENT & GENERAL COU

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period
 1000.00

B. 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) Convention

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.6297

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
TERRIE WOOD

Mailing Address 50 ST. NICHOLAS RD

City DARIEN State CT Zip Code 06820

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

Name of Employer STATE OF CT Occupation LEGISLATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6681

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 89 OF 156
(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 WOODS

Mailing Address 80 BRADFORD AVE

City State Zip Code
RYE NY 10580

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

Name of Employer Occupation
CLEANCOR ENERGY SOLUTIONS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.6525

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KIRK WORTMAN

Mailing Address 104 MEADOW ROAD

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
GLOBAL CREDIT ADVISERS, LLC FINANCE

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.6163

Amount of Each Receipt this Period
1000.00

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

Mailing Address 104 MEADOW ROAD

City State Zip Code
RIVERSIDE CT 06878

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

Name of Employer Occupation
GLOBAL CREDIT ADVISERS, LLC 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
 06 / 09 / 2014

Transaction ID : SA11AI.6433

Amount of Each Receipt this Period
1600.00

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

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

2850.00

**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 156
	<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)
JEFFREY ALAN WRIGHT

Mailing Address 1925 HUNTINGTON TPKE

City State Zip Code
TRUMBALL CT 06611

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

Name of Employer Occupation
J.A. WRIGHT & CO, INC. CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.6372

Amount of Each Receipt this Period
250.00

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

Mailing Address 1925 HUNTINGTON TPKE

City State Zip Code
TRUMBALL CT 06611

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

Name of Employer Occupation
J.A. WRIGHT & CO, INC. CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6665

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN S WYCKOFF

Mailing Address 308 N. WILTON ROAD

City State Zip Code
NEW CANAAN CT 06840

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

Name of Employer Occupation
MARSH USA INVESTMENT BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6719

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: PAGE 91 OF 156
(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)
GEORGE U WYPER

Mailing Address 65 KNOLLWOOD LANE

City State Zip Code
DARIEN CT 06820

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

Name of Employer Occupation
ROYCE AND ASSOCIATES FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6631

Amount of Each Receipt this Period
200.00

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

Mailing Address 301 WEST LYON FARM DRIVE

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
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
 06 / 30 / 2014

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JON E ZAGRODZKY

Mailing Address 30 CRIMMINS RD

City State Zip Code
DARIENT CT 06820

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

Name of Employer Occupation
OAK HILL CAPITAL MANAGEMENT CAO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period
300.00

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

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

600.00

212475.00

**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 156
	<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)
CONNECTICUT REPUBLICAN SCC

Mailing Address 31 PRATT STREET 4TH FLOOR

City State Zip Code
HARTFORD CT 06103

FEC ID number of contributing federal political committee. **C** C00023838

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.6589

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.6591

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
KEEPING AMERICA COMPETITIVE

Mailing Address 4 OLD ROUND HILL LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C** C00514919

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11C.6155

Amount of Each Receipt this Period
5000.00

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

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

15000.00

**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 156
	<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)
KEEPING AMERICA COMPETITIVE

Mailing Address 4 OLD ROUND HILL LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C** C00514919

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 06 2014

Transaction ID : SA11C.7157

Amount of Each Receipt this Period
-2400.00
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
KEEPING AMERICA COMPETITIVE

Mailing Address 4 OLD ROUND HILL LANE

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C** C00514919

Name of Employer Occupation

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
05 06 2014

Transaction ID : SA11C.7158

Amount of Each Receipt this Period
2400.00
REDESIGNATED

C. Full Name (Last, First, Middle Initial)
LEADERSHIP CONNECTICUT PAC

Mailing Address 90 GROVE STREET SUITE 101
C/O REYNOLDS & ROWELLA LLP

City State Zip Code
RIDGEFIELD CT 06877

FEC ID number of contributing federal political committee. **C** C00499863

Name of Employer Occupation

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
06 30 2014

Transaction ID : SA11C.7174

Amount of Each Receipt this Period
5000.00
EXCESS TO BE REFUNDED

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

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

5000.00

**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 156
	<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)
REPUBLICAN MAJORITY FOR CHOICE

Mailing Address 1900 L STREET NW
SUITE 614

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00346635

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
 06 / 30 / 2014

Transaction ID : SA11C.7172

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

21000.00

**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 95 OF 156			
	<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. BAR AMERICAIN		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1 MOHEGAN SUN BLVD		Amount of Each Disbursement this Period 386.49
City UNCASVILLE	State CT	
Zip Code 06382	Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE:MEALS	Transaction ID : SB17.7125
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. ANDREW BENEMIO		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 36 BIRD SONG LANE		Amount of Each Disbursement this Period 504.00
City STAMFORD	State CT	
Zip Code 06903	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.6906
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW BENEMIO		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 36 BIRD SONG LANE		Amount of Each Disbursement this Period 480.00
City STAMFORD	State CT	
Zip Code 06903	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.6942
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).....	984.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 156	
	<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 BENEMIO		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 36 BIRD SONG LANE		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.7087
City STAMFORD State CT Zip Code 06903	Purpose of Disbursement ADMINISTRATIVE 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. BISSELL HOUSE		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 378 MAIN STREET		Amount of Each Disbursement this Period 130.60 Transaction ID : SB17.7129 [MEMO ITEM]
City RIDGEFIELD State CT Zip Code 06877	Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE MEALS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BISTRO VERSAILLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 339 GREENWICH AVENUE		Amount of Each Disbursement this Period 33.51 Transaction ID : SB17.7132 [MEMO ITEM]
City GREENWICH State CT Zip Code 06830	Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE MEALS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	900.00
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 97 OF 156	
	<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. ELENI BURCHARD			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 202 SANDVIEW AVE			Amount of Each Disbursement this Period 276.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.6934	
Purpose of Disbursement ADMINISTRATIVE 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. ELENI BURCHARD			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 202 SANDVIEW AVE			Amount of Each Disbursement this Period 36.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.6984	
Purpose of Disbursement ADMINISTRATIVE 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. ELENI BURCHARD			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 202 SANDVIEW AVE			Amount of Each Disbursement this Period 276.00	
City STAMFORD	State CT	Zip Code 06902	Transaction ID : SB17.7070	
Purpose of Disbursement ADMINISTRATIVE 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).....	588.00
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 98 OF 156	
	<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 05 / 08 / 2014
Mailing Address PO BOX 9256		Amount of Each Disbursement this Period 214.65 Transaction ID : SB17.6839
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement EQUIPMENT RENTAL	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) B. CABLEVISION		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address PO BOX 9256		Amount of Each Disbursement this Period 597.37 Transaction ID : SB17.6840
City CHELSEA	State MA	
Zip Code 02150	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:	

Full Name (Last, First, Middle Initial) C. DAN DEBICELLA		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1 LAZY BROOK RD		Amount of Each Disbursement this Period 1165.79 Transaction ID : SB17.6964
City SHELTON	State CT	
Zip Code 06484	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	1977.81
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 99 OF 156	
	<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. DREW DESIGN LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 155 WEST AVENUE		Amount of Each Disbursement this Period 1249.00
City STRATFORD	State CT Zip Code 06615	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/Type	Transaction ID : SB17.6843
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. DUNKIN' DONUTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 420 BUCKLAND HILLS DRIVE		Amount of Each Disbursement this Period 15.98
City MANCHESTER	State CT Zip Code 06042	
Purpose of Disbursement MORRISON REIMBURSEMENT: MEETING EXPENSE MEALS	Category/Type	Transaction ID : SB17.7121 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RYAN EHLERS		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 38 PEMBROKE ROAD		Amount of Each Disbursement this Period 648.00
City DARIEN	State CT Zip Code 06820	
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/Type	Transaction ID : SB17.7004
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).....	1897.00
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 100 OF 156	
	<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 06 / 24 / 2014
Mailing Address 38 PEMBROKE ROAD		Amount of Each Disbursement this Period 612.00 Transaction ID : SB17.7082
City DARIEN State CT Zip Code 06820	Purpose of Disbursement ADMINISTRATIVE 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. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 877.81 Transaction ID : SB17.6851
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 38.10 Transaction ID : SB17.6852
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1527.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 156	
	<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 05 / 02 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 386.49
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.6855	
Purpose of Disbursement PAYROLL SERVICES/TAX	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1279.69
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.6861	
Purpose of Disbursement PAYROLL SERVICES/TAX	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 39.50
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.6862	
Purpose of Disbursement PAYROLL SERVICES/TAX	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1705.68
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 102 OF 156	
	<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 05 / 31 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 1273.92 Transaction ID : SB17.6868
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 39.50 Transaction ID : SB17.6869
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EPAY BUSINESS SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 27A MIDSTATE DRIVE SUITE 218		Amount of Each Disbursement this Period 65.90 Transaction ID : SB17.6877
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1379.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 156	
	<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 06 / 13 / 2014	
Mailing Address 27A MIDSTATE DRIVE SUITE 218			Amount of Each Disbursement this Period 1527.19	
City AUBURN	State MA	Zip Code 01501		
Purpose of Disbursement PAYROLL SERVICES/TAX		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. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 27A MIDSTATE DRIVE SUITE 218			Amount of Each Disbursement this Period 40.90	
City AUBURN	State MA	Zip Code 01501		
Purpose of Disbursement PAYROLL SERVICES/TAX		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. EPAY BUSINESS SOLUTIONS INC			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address 27A MIDSTATE DRIVE SUITE 218			Amount of Each Disbursement this Period 1494.38	
City AUBURN	State MA	Zip Code 01501		
Purpose of Disbursement PAYROLL SERVICES/TAX		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).....	3062.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 156			
	<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. FLIPSIDE		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1125 POST ROAD		Amount of Each Disbursement this Period 52.14
City FAIRFIELD	State CT	
Zip Code 06824	Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.7108
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MARC FREUNDLICH		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 48 WOODBROOK DRIVE		Amount of Each Disbursement this Period 708.00
City STAMFORD	State CT	
Zip Code 06907	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.6908
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. MARC FREUNDLICH		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 48 WOODBROOK DRIVE		Amount of Each Disbursement this Period 360.00
City STAMFORD	State CT	
Zip Code 06907	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.6939
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).....	1068.00
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 105 OF 156	
	<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. MARC FREUNDLICH		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 48 WOODBROOK DRIVE		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.7079
City STAMFORD	State CT Zip Code 06907	
Purpose of Disbursement ADMINISTRATIVE 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. ZACHARY GALLO		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 276.00 Transaction ID : SB17.6936
City DARIEN	State CT Zip Code 06820	
Purpose of Disbursement ADMINISTRATIVE 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. ZACHARY GALLO		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.6996
City DARIEN	State CT Zip Code 06820	
Purpose of Disbursement ADMINISTRATIVE 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).....	816.00
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 106 OF 156	
	<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 06 / 24 / 2014
Mailing Address 103 HOYT STREET		Amount of Each Disbursement this Period 612.00 Transaction ID : SB17.7083
City DARIEN	State CT	
Zip Code 06820	Purpose of Disbursement ADMINISTRATIVE 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 05 / 27 / 2014
Mailing Address 244 ALEX STREET		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.6949
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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 06 / 16 / 2014
Mailing Address 244 ALEX STREET		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7019
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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).....	1752.00
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 107 OF 156	
	<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 06 / 24 / 2014
Mailing Address 244 ALEX STREET		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.7080
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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 06 / 13 / 2014
Mailing Address 45 WEST GLEN DRIVE		Amount of Each Disbursement this Period 2053.85 Transaction ID : SB17.6876
City STAMFORD	State CT	
Zip Code 06902	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 06 / 27 / 2014
Mailing Address 45 WEST GLEN DRIVE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6884
City STAMFORD	State CT	
Zip Code 06902	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).....	4033.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 156	
	<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 05 / 27 / 2014
Mailing Address 1440 STRATFORD AVE		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.6947
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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 06 / 16 / 2014
Mailing Address 1440 STRATFORD AVE		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7018
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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. JAVON HILL		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 1440 STRATFORD AVE		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.7078
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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).....	1620.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 156	
	<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. HUNTINGTON PACKAGE		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 54 HUNTINGTON ST		Amount of Each Disbursement this Period 4.23
City SHELTON	State CT	
Zip Code 06484	Purpose of Disbursement MORRISON REIMBURSEMENT: CATERING SERVICES	Transaction ID : SB17.7116 [MEMO ITEM]
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. HUNTINGTON STREET CAFE		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 90 HUNTINGTON STREET		Amount of Each Disbursement this Period 80.79
City SHELTON	State CT	
Zip Code 06484	Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE MEALS	Transaction ID : SB17.7134 [MEMO ITEM]
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 06 / 24 / 2014
Mailing Address 23 RIDGEWAY STREET		Amount of Each Disbursement this Period 420.00
City STAMFORD	State CT	
Zip Code 06907	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.7074
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).....	420.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 156	
	<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. STEVE KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 1035.00 Transaction ID : SB17.6910
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. STEVE KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.6950
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE 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 06 / 13 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.7002
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE 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).....	2115.00
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 111 OF 156	
	<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. STEVE KOLENBERG		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 97 HARVEST HILL LANE		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.7072
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE 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 06 / 24 / 2014
Mailing Address 32 DALE RD		Amount of Each Disbursement this Period 552.00 Transaction ID : SB17.7081
City TRUMBULL State CT Zip Code 06611	Purpose of Disbursement ADMINISTRATIVE 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. JOSH LISCIO		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 80 HAIG AVE		Amount of Each Disbursement this Period 264.00 Transaction ID : SB17.6932
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE 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).....	1176.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 156	
	<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. JOSH LISCIO		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 80 HAIG AVE		Amount of Each Disbursement this Period 36.00
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name		Transaction ID : SB17.6988
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. JOSH LISCIO		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 80 HAIG AVE		Amount of Each Disbursement this Period 396.00
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name		Transaction ID : SB17.7073
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. LOCAL KITCHEN		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 68 WASHINGTON STREET		Amount of Each Disbursement this Period 244.81
City NORWALK State CT Zip Code 06854	Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD	
Candidate Name		Transaction ID : SB17.7101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	432.00
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 113 OF 156			
	<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. LOCAL KITCHEN			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 68 WASHINGTON STREET			Amount of Each Disbursement this Period 40.04
City NORWALK	State CT	Zip Code 06854	
Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD		Category/ Type	Transaction ID : SB17.7111 [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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. ELISE MAJOR			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 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		Category/ Type	Transaction ID : SB17.6850
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. ELISE MAJOR			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 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		Category/ Type	Transaction ID : SB17.6859
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 114 OF 156			
	<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 05 / 31 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.6866
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 06 / 13 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.6873
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 06 / 27 / 2014
Mailing Address 5 NORFIELD ROAD		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.6882
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 115 OF 156	
	<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. MARIE'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 85 BEACH ROAD		Amount of Each Disbursement this Period 26.94
City SALISBURY	State MA Zip Code 01952	
Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD		Transaction ID : SB17.7099 [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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. MOHEGAN SUN		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1 MOHEGAN SUN BLVD		Amount of Each Disbursement this Period 273.72
City UNCASVILLE	State CT Zip Code 06382	
Purpose of Disbursement DEBICELLA REIMBURSEMENT: FACILITY RENTAL		Transaction ID : SB17.7137 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 1545.45
City NEW HAVEN	State CT Zip Code 06510	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.6848
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1545.45
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 116 OF 156	
	<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 05 / 15 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2125.00 Transaction ID : SB17.6858
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2125.00 Transaction ID : SB17.6865
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 06 / 04 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 291.48 Transaction ID : SB17.6962
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).....	4541.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 156	
	<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 06 / 04 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 205.85
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement MORRISON REIMBURSEMENT: TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.7123 [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. LLIAM MORRISON		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2125.00
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.6872
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement 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 06 / 24 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 153.66
City NEW HAVEN State CT Zip Code 06510	Purpose of Disbursement TRAVEL: MILEAGE	
Candidate Name	Category/Type	Transaction ID : SB17.7068
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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).....	2278.66
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 118 OF 156			
	<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 06 / 27 / 2014
Mailing Address 900 CHAPEL STREET APT. 229		Amount of Each Disbursement this Period 2500.00
City NEW HAVEN	State CT Zip Code 06510	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.6881
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 05 / 27 / 2014
Mailing Address 8 RITA DRIVE		Amount of Each Disbursement this Period 396.00
City NEW FAIRFIELD	State CT Zip Code 06812	
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/Type	Transaction ID : SB17.6940
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. CHRIS NUCCIO		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 8 RITA DRIVE		Amount of Each Disbursement this Period 324.00
City NEW FAIRFIELD	State CT Zip Code 06812	
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/Type	Transaction ID : SB17.7071
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).....	3220.00
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 119 OF 156	
	<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 06 / 24 / 2014
Mailing Address 8 RITA DRIVE		Amount of Each Disbursement this Period 480.00
City NEW FAIRFIELD	State CT	
Zip Code 06812	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Transaction ID : SB17.7076
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. ON THE MARC EVENTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 47 LARKIN ST # 11		Amount of Each Disbursement this Period 2218.76
City STAMFORD	State CT	
Zip Code 06907	Purpose of Disbursement CATERING SERVICES	Transaction ID : SB17.6902
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. OXHEAD TAVERN		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 366 MAIN STREET		Amount of Each Disbursement this Period 41.92
City STURBRIDGE	State MA	
Zip Code 01566	Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD	Transaction ID : SB17.7113
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2698.76
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 120 OF 156			
	<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 05 / 02 / 2014		
Mailing Address 85 MANDALAY ROAD			Amount of Each Disbursement this Period 2961.60		
City WOLFEBORO	State NH	Zip Code 03894	Transaction ID : SB17.6854		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State:	District:				

Full Name (Last, First, Middle Initial) B. HAROLD PARKER			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 85 MANDALAY ROAD			Amount of Each Disbursement this Period 2500.00		
City WOLFEBORO	State NH	Zip Code 03894	Transaction ID : SB17.6860		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State:	District:				

Full Name (Last, First, Middle Initial) C. HAROLD PARKER			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address 85 MANDALAY ROAD			Amount of Each Disbursement this Period 189.29		
City WOLFEBORO	State NH	Zip Code 03894	Transaction ID : SB17.6929		
Purpose of Disbursement POSTAGE		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).....	5650.89
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 121 OF 156	
	<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 05 / 31 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6867
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 06 / 13 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6874
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) C. HAROLD PARKER		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 132.50 Transaction ID : SB17.7065
City WOLFEBORO	State NH	
Zip Code 03894	Purpose of Disbursement TRAVEL: MILEAGE	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).....	5132.50
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 122 OF 156	
	<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 06 / 27 / 2014
Mailing Address 85 MANDALAY ROAD		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6883
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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 43.13 Transaction ID : SB17.6911
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.6912
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2572.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 156	
	<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 04 / 30 / 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	Candidate Name	Transaction ID : SB17.6913
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 05 / 01 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 28.76
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.6914
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 05 / 05 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 140.89
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Transaction ID : SB17.6915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	227.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 156	
	<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 05 / 06 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 34.51
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.6916
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 1155.21
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.6917
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 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 : SB17.6918
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1307.60
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 125 OF 156			
	<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 05 / 12 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 17.26 Transaction ID : SB17.6919
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50 Transaction ID : SB17.6920
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 155.25 Transaction ID : SB17.6921
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	322.01
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 126 OF 156	
	<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 05 / 19 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 235.76 Transaction ID : SB17.6922
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 05 / 20 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 43.13 Transaction ID : SB17.6927
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 05 / 21 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 368.82 Transaction ID : SB17.6928
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).....	647.71
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 127 OF 156	
	<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 05 / 22 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 178.25
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6941
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 MM / DD / YYYY 05 / 27 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 448.50
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6943
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 MM / DD / YYYY 05 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 1187.38
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6951
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).....	1814.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 156	
	<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 05 / 29 / 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	Category/Type	Transaction ID : SB17.6952
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 05 / 30 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 24.44
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6953
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 06 / 02 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 66.13
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6954
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).....	119.57
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 129 OF 156	
	<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 06 / 03 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 172.50 Transaction ID : SB17.6955
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 06 / 04 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50 Transaction ID : SB17.6956
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 06 / 11 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 143.75 Transaction ID : SB17.6957
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).....	465.75
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 130 OF 156	
	<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 06 / 12 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 63.25
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6958
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 06 / 13 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 24.45
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6959
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 06 / 17 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 5.75
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement MERCHANT FEES	Category/Type	Transaction ID : SB17.6960
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).....	93.75
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 131 OF 156			
	<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 06 / 18 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 92.00
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.6961	
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 06 / 19 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 92.00
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.6963	
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 06 / 20 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 40.25
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.6965	
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).....	224.25
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 132 OF 156	
	<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 06 / 23 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.6966
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 MM / DD / YYYY 06 / 24 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.6967
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 MM / DD / YYYY 06 / 25 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 14.38 Transaction ID : SB17.6977
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).....	25.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 156	
	<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 06 / 27 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 28.75 Transaction ID : SB17.6978
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 06 / 30 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 258.75 Transaction ID : SB17.6979
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. PLUMB STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 454 CORAM AVENUE		Amount of Each Disbursement this Period 1517.62 Transaction ID : SB17.6981
City SHELTON State CT Zip Code 06824	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1805.12
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 134 OF 156			
	<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 05 / 27 / 2014
Mailing Address 454 CORAM AVENUE			Amount of Each Disbursement this Period 2967.17 Transaction ID : SB17.6997
City SHELTON	State CT	Zip Code 06824	
Purpose of Disbursement OFFICE SUPPLIES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. PLUMB STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 454 CORAM AVENUE			Amount of Each Disbursement this Period 3443.61 Transaction ID : SB17.6998
City SHELTON	State CT	Zip Code 06824	
Purpose of Disbursement OFFICE SUPPLIES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. PREMIER GRAPHICS, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 860 HONEYSPOT RD			Amount of Each Disbursement this Period 4441.00 Transaction ID : SB17.7007
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10851.78
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 135 OF 156	
	<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 05 / 19 / 2014
Mailing Address 860 HONEYSPOT RD		Amount of Each Disbursement this Period 1295.02
City STRATFORD	State CT Zip Code 06615	
Purpose of Disbursement DIRECT MAIL PRINTING	Category/Type	Transaction ID : SB17.7008
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. PRIME 111		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 51 MONROE TURNPIKE		Amount of Each Disbursement this Period 46.50
City TRUMBULL	State CT Zip Code 06611	
Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD	Category/Type	Transaction ID : SB17.7106 [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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. PRIME 111		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 51 MONROE TURNPIKE		Amount of Each Disbursement this Period 62.59
City TRUMBULL	State CT Zip Code 06611	
Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE MEALS	Category/Type	Transaction ID : SB17.7130 [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).....	1295.02
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 136 OF 156	
	<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 05 / 01 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.6844
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 1794.02 Transaction ID : SB17.6887
City DERBY State CT Zip Code 06418	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHN PUSKAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 233 DERBY AVE #609		Amount of Each Disbursement this Period 1124.00 Transaction ID : SB17.7114 [MEMO ITEM]
City DERBY State CT Zip Code 06418	Purpose of Disbursement PUSKAR 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6794.02
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 137 OF 156	
	<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 05 / 15 / 2014	
Mailing Address 233 DERBY AVE #609			Amount of Each Disbursement this Period 5000.00	
City DERBY	State CT	Zip Code 06418	Transaction ID : SB17.6856	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:				

Full Name (Last, First, Middle Initial) B. JOHN PUSKAR			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 233 DERBY AVE #609			Amount of Each Disbursement this Period 5000.00	
City DERBY	State CT	Zip Code 06418	Transaction ID : SB17.6863	
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. JOHN PUSKAR			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 233 DERBY AVE #609			Amount of Each Disbursement this Period 1629.86	
City DERBY	State CT	Zip Code 06418	Transaction ID : SB17.6976	
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).....	11629.86
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 138 OF 156			
	<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 06 / 13 / 2014		
Mailing Address 233 DERBY AVE #609			Amount of Each Disbursement this Period 5000.00		
City DERBY	State CT	Zip Code 06418	Transaction ID : SB17.6870		
Purpose of Disbursement PAYROLL		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. JOHN PUSKAR			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014		
Mailing Address 233 DERBY AVE #609			Amount of Each Disbursement this Period 5000.00		
City DERBY	State CT	Zip Code 06418	Transaction ID : SB17.6879		
Purpose of Disbursement PAYROLL		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. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 3175.50		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.7009		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	13175.50
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 139 OF 156	
	<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 05 / 27 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2447.04
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING Category/Type	
Purpose of Disbursement COMPLIANCE CONSULTING		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. REPUBLICAN PARTY OF CONNECTICUT		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 31 PRATT STREET 4TH FLOOR		Amount of Each Disbursement this Period 750.00
City HARTFORD State CT Zip Code 06103	Purpose of Disbursement PARTY CONTRIBUTION Category/Type	
Purpose of Disbursement PARTY CONTRIBUTION		Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) C. KYLE RICHTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 82 BARHOLM AVENUE		Amount of Each Disbursement this Period 204.00
City STAMFORD State CT Zip Code 06907	Purpose of Disbursement ADMINISTRATIVE CONSULTING Category/Type	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		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)	3401.04
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 140 OF 156	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEBICELLA FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. CARLOS RIVERA		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 330.00
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name		Transaction ID : SB17.6938
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. CARLOS RIVERA		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 3 GRANDVIEW AVE		Amount of Each Disbursement this Period 1458.50
City STAMFORD State CT Zip Code 06905	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name		Transaction ID : SB17.7088
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. RIZZUTOS		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 111 MEMORIAL ROAD		Amount of Each Disbursement this Period 125.72
City WEST HARTFORD State CT Zip Code 06107	Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD	
Candidate Name		Transaction ID : SB17.7110
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1788.50
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 141 OF 156	
	<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 06 / 24 / 2014
Mailing Address 497 WILMOT AVENUE		Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.7086
City BRIDGEPORT	State CT	
Zip Code 06607	Purpose of Disbursement ADMINISTRATIVE 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. ROWAYTON SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 89 ROWAYTON AVENUE		Amount of Each Disbursement this Period 62.24 Transaction ID : SB17.7127 [MEMO ITEM]
City ROWAYTON	State CT	
Zip Code 06853	Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE MEALS	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. ROWAYTON SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 89 ROWAYTON AVENUE		Amount of Each Disbursement this Period 69.40 Transaction ID : SB17.7135 [MEMO ITEM]
City ROWAYTON	State CT	
Zip Code 06853	Purpose of Disbursement DEBICELLA REIMBURSEMENT: MEETING EXPENSE MEALS	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).....	720.00
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 142 OF 156	
	<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 05 / 01 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.6846	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:				

Full Name (Last, First, Middle Initial) B. ELYSE RYAN			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.6857	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:				

Full Name (Last, First, Middle Initial) C. ELYSE RYAN			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 32 CHERRY STREET			Amount of Each Disbursement this Period 1000.00	
City DARIEN	State CT	Zip Code 06820	Transaction ID : SB17.6864	
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 143 OF 156	
	<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 06 / 13 / 2014
Mailing Address 32 CHERRY STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6871
City DARIEN State CT Zip Code 06820	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELYSE RYAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 32 CHERRY STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6880
City DARIEN State CT Zip Code 06820	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ERIKA SALAZZO		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 100 ROCKRIDGE LANE		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.6904
City STAMFORD State CT Zip Code 06903	Purpose of Disbursement ADMINISTRATIVE 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2240.00
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 156			
	<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 05 / 27 / 2014
Mailing Address 100 ROCKRIDGE LANE			Amount of Each Disbursement this Period 252.00
City STAMFORD	State CT	Zip Code 06903	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Candidate Name	Transaction ID : SB17.6930
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. ERIKA SALAZZO			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 100 ROCKRIDGE LANE			Amount of Each Disbursement this Period 36.00
City STAMFORD	State CT	Zip Code 06903	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Candidate Name	Transaction ID : SB17.6985
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) C. ERIKA SALAZZO			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 100 ROCKRIDGE LANE			Amount of Each Disbursement this Period 720.00
City STAMFORD	State CT	Zip Code 06903	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Candidate Name	Transaction ID : SB17.7084
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1008.00
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 146 OF 156			
	<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 05 / 13 / 2014
Mailing Address 1499 POST ROAD			Amount of Each Disbursement this Period 3700.00 Transaction ID : SB17.7021
City FAIRFIELD	State CT	Zip Code 06824	
Purpose of Disbursement RENT & UTILITIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. SHERMAN STREET ASSOCIATES			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1499 POST ROAD			Amount of Each Disbursement this Period 3700.00 Transaction ID : SB17.7022
City FAIRFIELD	State CT	Zip Code 06824	
Purpose of Disbursement RENT & UTILITIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. CHRISTIAN SPENCER			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 902 MAPLE HILL RD			Amount of Each Disbursement this Period 2292.15 Transaction ID : SB17.7006
City GUILFORD	State CT	Zip Code 06437	
Purpose of Disbursement ADMINISTRATIVE 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).....	9692.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 156	
	<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 06 / 24 / 2014	
Mailing Address 902 MAPLE HILL RD			Amount of Each Disbursement this Period 1551.97	
City GUILFORD	State CT	Zip Code 06437	Transaction ID : SB17.7089	
Purpose of Disbursement ADMINISTRATIVE 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. SPOTTED HORSE			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 26 CHURCH LANE			Amount of Each Disbursement this Period 55.11	
City WESTPORT	State CT	Zip Code 06880	Transaction ID : SB17.7104	
Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			
State: District:				

Full Name (Last, First, Middle Initial) C. STARBUCKS			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 2401 UTAH AVE S			Amount of Each Disbursement this Period 33.87	
City SEATTLE	State WA	Zip Code 98134	Transaction ID : SB17.7117	
Purpose of Disbursement MORRISON REIMBURSEMENT: MEETING EXPENSE		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).....	1551.97
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 156	
	<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

A. STATE OF CONNECTICUT

Full Name (Last, First, Middle Initial)
Mailing Address 25 SIGOURNEY STREET
SUITE 2

City HARTFORD State CT Zip Code 06106

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 13 / 2014

Amount of Each Disbursement this Period: 2408.00

Transaction ID : SB17.7024

B. STOP & SHOP

Full Name (Last, First, Middle Initial)
Mailing Address 1235 FARMINGTON AVENUE

City WEST HARTFORD State CT Zip Code 06107

Purpose of Disbursement MORRISON REIMBURSEMENT: MEETING EXPENSE MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2014

Amount of Each Disbursement this Period: 17.57

Transaction ID : SB17.7119

[MEMO ITEM]

C. STOP & SHOP

Full Name (Last, First, Middle Initial)
Mailing Address 1235 FARMINGTON AVENUE

City WEST HARTFORD State CT Zip Code 06107

Purpose of Disbursement MORRISON REIMBURSEMENT: MEETING EXPENSE MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2014

Amount of Each Disbursement this Period: 13.98

Transaction ID : SB17.7122

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 2408.00

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 156	
	<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. SUMMIT CONSULTING GROUP, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 3230 E. BROADWAY RD. STE C-260		Amount of Each Disbursement this Period 511.43 Transaction ID : SB17.7025
City PHOENIX State AZ Zip Code 85040	Purpose of Disbursement ADMINISTRATIVE 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. THE EXECU SEARCH GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 675 THIRD AVENUE 5TH FLOOR		Amount of Each Disbursement this Period 263.80 Transaction ID : SB17.7026
City NEW YORK State NY Zip Code 10017	Purpose of Disbursement ADMINISTRATIVE 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. THE EXECU SEARCH GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 675 THIRD AVENUE 5TH FLOOR		Amount of Each Disbursement this Period 188.44 Transaction ID : SB17.7045
City NEW YORK State NY Zip Code 10017	Purpose of Disbursement ADMINISTRATIVE 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).....	963.67
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 150 OF 156			
	<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 GINGERMAN			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 11 E 36TH STREET			Amount of Each Disbursement this Period 36.84		
City NEW YORK	State NY	Zip Code 10016	Transaction ID : SB17.7102 [MEMO ITEM]		
Purpose of Disbursement PUSKAR REIMBURSEMENT: TRAVEL: FOOD		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
State: District:					

Full Name (Last, First, Middle Initial) B. THE LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 4617.08		
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7060		
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
State: District:					

Full Name (Last, First, Middle Initial) C. THE LUCROR GROUP, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014		
Mailing Address 14 HAVERHILL PL			Amount of Each Disbursement this Period 2799.20		
City TRUMBULL	State CT	Zip Code 06611	Transaction ID : SB17.7090		
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).....	7416.28
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 156	
	<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 05 / 27 / 2014
Mailing Address 400 OLIVE STREET		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.6945
City BRIDGEPORT	State CT	
Zip Code 06604	Purpose of Disbursement ADMINISTRATIVE 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 06 / 16 / 2014
Mailing Address 400 OLIVE STREET		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7017
City BRIDGEPORT	State CT	
Zip Code 06604	Purpose of Disbursement ADMINISTRATIVE 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 06 / 24 / 2014
Mailing Address 400 OLIVE STREET		Amount of Each Disbursement this Period 480.00 Transaction ID : SB17.7077
City BRIDGEPORT	State CT	
Zip Code 06604	Purpose of Disbursement ADMINISTRATIVE 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).....	1620.00
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 152 OF 156	
	<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 05 / 06 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 6035.55
City DENVILLE State NJ Zip Code 07834	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.7095
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TUSK PRODUCTIONS LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 38 LAKEWOOD DR		Amount of Each Disbursement this Period 5882.00
City DENVILLE State NJ Zip Code 07834	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.7096
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. VERBATIM SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address P.O. BOX 794		Amount of Each Disbursement this Period 3288.00
City WEST CALDWELL State NJ Zip Code 07007	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name		Transaction ID : SB17.7097
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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).....	15205.55
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 153 OF 156	
	<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 06 / 16 / 2014
Mailing Address 841 COLORADO AVE 1ST FLOOR		Amount of Each Disbursement this Period 384.00
City BRIDGEPORT State CT Zip Code 06604	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name		Transaction ID : SB17.7016
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. TIM WARREN		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 841 COLORADO AVE 1ST FLOOR		Amount of Each Disbursement this Period 432.00
City BRIDGEPORT State CT Zip Code 06604	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name		Transaction ID : SB17.7075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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.		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		
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	816.00
TOTAL This Period (last page this line number only).....	224793.02

**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 156	
	<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. MARGARET DEBICELLA		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 30 LAUREL GLEN DR		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7190
City SHELTON	State CT	
Zip Code 06484	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GREGORY JENSEN		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 250 MAIN STREET		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7192
City RIDGEFIELD	State CT	
Zip Code 06877	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VALERIE K JENSEN		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 250 MAIN STREET		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7194
City RIDGEFIELD	State CT	
Zip Code 06877	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input 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 155 OF 156	
	<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. EILEEN K MURRAY		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 41 TREADWELL AVE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7196
City WESTPORT State CT Zip Code 06880	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARK R SHENKMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address ONE GASTON FARM RD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7198
City GREENWICH State CT Zip Code 06831	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ROSALIND E SHENKMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1 GASTON FARM RD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7200
City GREENWICH State CT Zip Code 06831	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 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 156 OF 156	
	<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. GILLIAN STEEL		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 71 MAYFAIR LANE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7202
City GREENWICH State CT Zip Code 06831	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ROBERT K STEEL		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 71 MAYFAIR LANE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7204
City GREENWICH State CT Zip Code 06831	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement 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).....	5200.00
TOTAL This Period (last page this line number only).....	20800.00