SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE	
Lumaj Explore						_ =	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First Jeffrey			MI	Last Caggiano			Suffix	
4. TREASURER ADDRESS								
Street Address		City			State	Z	Zip Code	
27 Cricket Hill Rd		Bristo)l		СТ	0	06010	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete or	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable	
11/06/2018	Undetermined							
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	omm <u>itte</u>	e)					
First Pjerin "Peter"			MI	Last Lumaj			Suffix	
9. TYPE OF REPORT								
October 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	07/01/2017	thru	u	09/30/2017				
_11. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
Electronic Filing	Scott Cleary			10/1	0/2017 5:	:57:04PM		
SIGNATURE	PRINT NAME OF THE	3 SIGNE	∃R	DATE	CERTIFIED			
A Person who is found to have knowing to \$25,000, unless a fine of a larger a			-				of up	

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Lumaj Explore	October 10 Filing - Original						
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$125,614.77						
14. Contributions received from Individuals (Section A and B)	\$92,439.00	\$373,569.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$92,439.00	\$373,569.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$218,053.77	\$373,569.00					
20. Expenses Paid by Committee (Section N)	\$87,757.58	\$243,272.81					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$130,296.19	\$130,296.19					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$600.00	\$3,200.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

							Page 3 01 287
	I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete N	Name as Registered with Commission)			TYPE OF REPORT			
Lumaj Explore				Octobe	r 10 Filing - Original		
A. Total Contributions from Small C	ontributors-Received this Perio	d O	NLY	l	For Nonpartic	cipating Cand	lidates ONLY
	B. Itemized Contributions from	n Ind	lividuals				
Last Name		First				MI	Contribution ID #
Agaraj			Prodhromo				1710
Residential Street Address		City				State	Zip Code
2 Strang Rd			Derby			СТ	06418
Principal Occupation			Name of Employer	-			
Driver			Remy ⁻	Trucking		_	
Is contributor a principal of a state contractor or prospective state	e contractor?)	Is contributor a lol dependent child of		Vac	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative				x _{No}		
Is this contribution associated with	Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1?							
X No	Cash X Personal Check	07/	01/2017		\$350.00		\$350.00
If yes, list Event #	Money Order Credit/Debit Card						
Last Name		First			MI	Contribution ID #	
Urbani			Nicola				1711
Residential Street Address		City				State	Zip Code
27 Adams Dr		Shelton				СТ	06484
Principal Occupation			Name of Employer				•
Mechanic			Centra	l Brake			
Is contributor a principal of a state contractor or prospective stat	e contractor?)	Is contributor a lol		Vac	Amou	ant of Contribution
If yes, indicate which branch or branches of			dependent child of	a lobbyist?	x _{No}		
government the contract is with:	Executive Legislative		n : 1			4	
Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date	Received	Aggregate	Contributions		
If yes, list Event #	Cash X Personal Check Money Order Credit/Debit Card	07/	01/2017		\$350.00		\$350.00
Last Name		First				MI	Contribution ID #
Mahmutaj			Besiana				1712
Residential Street Address		City				State	Zip Code
199 Cherry Hill Dr			Bridgeport			СТ	06606
Principal Occupation			Name of Employer			•	•
Home Maker			none				
Is contributor a principal of a state contractor or prospective state	e contractor?)	Is contributor a lol dependent child of		Vac	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:	Executive Legislative		or control of		x No		
Is this contribution associated with	Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section 31:	Cash X Personal Check						
If yes, list Event #	Cash X Personal Check Money Order Credit/Debit Card	07/	01/2017		\$375.00		\$375.00

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I MONETA DV DECEME	0 (0	4° A TO			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Urbani		Marco			1713
Residential Street Address	City			State	Zip Code
30 Spruce Hill Rd		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	•	
Mechanic		Centr	al Break		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event concreted in Section 112 Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
x No Cash x Personal Check	07/0	01/2017	\$350.00		\$350.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Husaj		Sonila			1714
Residential Street Address	City			State	Zip Code
4 Beacon Sq		Fairfield		CT	06825
Principal Occupation		Name of Employ	or	CI	00023
Service manager			Fargo		
			obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of		•	x _{No}		
government the contract is with: Executive Legislative	-			4	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash X Personal Check					
If yes, list Event #	07/0	01/2017	\$350.00		\$350.00
1					1
Last Name	First			MI	Contribution ID #
Ejilli		Fred			1715
Residential Street Address	City			State	Zip Code
778 Derby Ave		Orange		СТ	06477
Principal Occupation		Name of Employ	er		
Stone Fabricator		Stone	· World		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	01/2017	\$350.00		\$350.00
it yes, list Event #					
Last Name	First			MI	Contribution ID #
Ejilli		Marjana			1716
Residential Street Address	City			State	Zip Code
778 Derby Ave		Orange		СТ	06877
Principal Occupation		Name of Employ	er	•	
Driver			I G Industries		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
)	dependent child of	or a roodyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash X Personal Check	07/	01/2017	\$350.00		\$350.00
If yes, list Event # Money Order Credit/Debit Card	۱ ٽ''	-, -01,	Ψ330.00	I	+550.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Liberatore		Michael			1717
Residential Street Address	City			State	Zip Code
16 Round Ridge Trl		Trumbull		СТ	06611
Principal Occupation Mechanic		Name of Employ	^{er} al Break		
			11.14	Amor	unt of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	01/2017	\$350.00		\$350.00
Last Name	First			MI	Contribution ID #
Gjoni	11130	Marjan		IVII	1718
Residential Street Address	City			State	Zip Code
42 Francis St		Ansonia		СТ	06401
Principal Occupation	•	Name of Employ	er		•
Owner		Mt Tr	ucking		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	07/	02/2017	\$350.00		\$350.00
If yes, list Event #		. ,	, , , , , ,		
Last Name	First			MI	Contribution ID #
Ejilli		Ernest			1719
Residential Street Address	City			State	Zip Code
329 Dogburn Ln	<u> </u>	Orange		СТ	06477
Principal Occupation Painter		Name of Employ	er est Painting		
			obbyist snouse or	Amou	ant of Contribution
Yes 🔼 No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Vos Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 11?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	07/	02/2017	\$350.00		\$350.00
Last Name	First			MI	Contribution ID #
Norwood	1 1150	LaVan			1702
Residential Street Address	City			State	Zip Code
80 Buckley Rd		Salem		СТ	06420
Principal Occupation		Name of Employ	er		
Engineer			nic Tecnologies		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No	07/	02/2017	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Russo		Ralph			1703
Residential Street Address	City			State	Zip Code
563 Glenbrook Rd	<u> </u>	Stamford		СТ	06906
Principal Occupation		Name of Employ			
Driver Is contributor a principal of a state contractor or prospective state contractor?			o Bakeries, USA obbyist, spouse, or	Amay	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Voc	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	07/0	06/2017	\$10.00		\$10.00
	I .				
Last Name	First	5		MI	Contribution ID #
Dumais Residential Street Address	City	Randall		State	1709
580 Back Rd	City	North Windh	am.	CT	Zip Code 06256
Principal Occupation	<u> </u>	Name of Employ		Ci	00230
Retired		Retire			
			obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	07/0	07/2017	\$25.00		\$25.00
	!				
Last Name	First			MI	Contribution ID #
Sylaj	a:	Mentor		G	1704
Residential Street Address 2940 E 196th	City	Bronx		State NY	Zip Code 10461
Principal Occupation	<u> </u>	Name of Employ	er	INT	10461
Plumber			et plumbing & heating		
		_	obbyist, spouse, or	Amou	nt of Contribution
Yes 🔼 No	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Cash Credit/Debit Card Cash Credit/Debit Card Cash Cas	07/0	08/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Haidari	First	Driton		WII	1705
Residential Street Address	City	Directi		State	Zip Code
3531 28th St		Astoria		NY	11106
Principal Occupation	<u> </u>	Name of Employ	er		
Server		boher	mian		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		acpendent child (x No		
government the contract is with: Executive Legislative Muthologous Particular Contributions Executive Legislative	D.	D			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/0	08/2017	\$300.00		\$300.00
If yes, list Event # Money Order X Credit/Debit Card	I "''	00/201/	φ500.00		¥200.00

I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Levy		Allen			1707
Residential Street Address	City			State	Zip Code
20 Fillow St		Westport		СТ	06880
Principal Occupation Red Asta AC		Name of Employ West			
				Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	7 tinot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	08/2017	\$100.00		\$100.00
	I			I	
Last Name	First			MI	Contribution ID #
Neiss Residential Street Address	City	Edward		State	Zip Code
200 Charter Oak Dr	City	New Canaan		CT	06840
Principal Occupation		Name of Employ	er	CI	1 00040
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with On except reported in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No	l				
If yes, list Event # No Money Order Credit/Debit Card	07/	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
LaCrosse	1 1150	Michele			1706
Residential Street Address	City			State	Zip Code
25 Meeting House Ln		Shelton		СТ	06484
Principal Occupation		Name of Employ	er	-	•
Library Circulation Assist		MS			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent ennu (x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	13/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Audet		Nicole			1786
Residential Street Address	City			State	Zip Code
29 Rosemary Ln		Bristol		СТ	06010
Principal Occupation Retired		Name of Employ Retire			
			-11	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac	Aillot	an or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	07/	13/2017	\$100.00		\$50.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
wilk		Robert			1787
Residential Street Address	City			State	Zip Code
5 Lake Forrest Rd	<u> </u>	Terryville		СТ	06786
Principal Occupation Siding		Name of Employ	rer Remodeling		
			lobbyist, spouse, or	Amou	ant of Contribution
Yes X No	0	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	07/	12/2017	+50.00		+50.00
If yes, list Event # Money Order Credit/Debit Card	07/	13/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
audet		Norbert			1788
Residential Street Address	City			State	Zip Code
29 Rosemary Ln		Bristol		СТ	06010
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check Money Order	07/	13/2017	\$100.00		\$50.00
I yes, as Even a					
Last Name	First			MI	Contribution ID #
Heba Residential Street Address	City	Valmir		State	1720 Zip Code
361 S McMullen Booth Rd	City	Clearwater		FL	33759
Principal Occupation		Name of Employ	rer		1 00.00
Handyman		Valmi	r Heba		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a followist?		
government the contract is with: Executive Legislative		P : 1	X No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			·		•
Last Name	First			MI	Contribution ID #
Hoxhaj		Elida			1721
Residential Street Address	City			State	Zip Code
361 S Mc Mullen Booth Rd		Clearwater	TON.	FL	33759
Principal Occupation Unemployed		Name of Employ	nployed		
			labbyriat anguag ar	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	· ·		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		<u> </u>	x _{No}]	
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 11?					
If yes, list Event # Cash Credit/Debit Card	07/	23/2017	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kazmaj		Besmir			1722
Residential Street Address	City			State	Zip Code
11272 109th Ln		Largo		FL	33778
Principal Occupation		Name of Employ	er		
unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No	07/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kazmaj		Vjollca			1723
Residential Street Address	City			State	Zip Code
11272 109th Ln		Largo		FL	33778
Principal Occupation		Name of Employ			
Unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0,,	20, 201,	Ψ100.00		
Last Name	First			MI	Contribution ID #
Kazmaj		Shaban			1724
Residential Street Address	City			State	Zip Code
11272 109th Ln		Largo		FL	33778
Principal Occupation		Name of Employ	er		
Truck Driver			an Kazmaj		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of		dependent enna (x No		
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	23/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-, -	,		
Last Name	First			MI	Contribution ID #
Monaco		Domenic			1812
Residential Street Address	City			State	Zip Code
76 Westfield Dr		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
Sales		Premi			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in Section J1?			200		
X No Cash X Personal Check	07/	23/2017	\$100.00		\$100.00
If yes, list Event #	1			i	

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Westby		Kie		N	1811
Residential Street Address	City			State	Zip Code
45 Homestead Rd	<u> </u>	Southbury		СТ	06488
Principal Occupation Attorney		Name of Employ	er ffices of Kie Westby		
			obbyist, spouse, or	Amou	unt of Contribution
Yes X No	0	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	25/2017	\$100.00		\$100.00
L W	F: .				Louis B"
Last Name Hudson	First	Gragony		MI	Contribution ID #
Residential Street Address	City	Gregory		State	Zip Code
420 Brown Brook Rd		Southbury		СТ	06488
Principal Occupation		Name of Employ	er		
VP Business Development		Greer	Leaf Energy Solutions		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	07/	26/2017	\$200.00		\$200.00
If yes, list Event # Money Order X Credit/Debit Card	077.	20/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Rukaj		Anton			1726
Residential Street Address	City			State	Zip Code
14 Glenvue Dr .		Carmel		NY	10512
Principal Occupation		Name of Employ			
Owner			Famiglia Cucina, LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	07/	27/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Rukaj		Simon			1727
Residential Street Address	City			State	Zip Code
14 Glenvue Dr		Carmel		NY	10512
Principal Occupation		Name of Employ			
Doorman			n Harris Stevens		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Reward Check					
X No	07/	27/2017	\$375.00		\$375.00

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A MONEMARY DE OFFICE	0 (0				
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Elezovic		Jozefina			1728
Residential Street Address	City			State	Zip Code
14 Glenvue Dr	ĺ	Carmel		NY	10512
Principal Occupation		Name of Employ	or		10312
Secretary		_	s Famiglia Cucina		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
X No Cash Personal Check	07/	27/2017	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card	0,,	27,2017	\$3,3.00		4373.00
1.43	г				G (1 (ID#
Last Name	First			MI	Contribution ID #
Argento		Michael			1729
Residential Street Address	City			State	Zip Code
726 Woodward Ave		New Haven		CT	06512
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		D : 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Credit/Debit Card	07/	29/2017	\$10.00		\$10.00
In yes, list Event " Credit Debit Card					
Last Name	First			MI	Contribution ID #
Rukaj		Lek			1730
Residential Street Address	City			State	Zip Code
14 Glenvue Dr		Carmel		NY	10512
		Name of Employ	or.		10312
Principal Occupation		1 ,			
Owner			Famiglia Cucina		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash Personal Check	07/	29/2017	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card	ĺ	•			·
Last Name	First			MI	Contribution ID #
	First	D		IVII	
Rukaj		Drana			1731
Residential Street Address	City			State	Zip Code
14 Glenvue Dr .		Carmel		NY	10512
Principal Occupation		Name of Employ	er		
Enviromental Servic		Putna	m Hospital Center		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
	-	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	07/	29/2017	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card	l "''		Ψ373.00	I	43,3,00

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I MONETA DV DECEME	0 (0	4° A T			
L. MONETARY RECEIPT	5 (50	ection A-I)	T		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Ivezaj		Leza			1732
Residential Street Address	City			State	Zip Code
47733 7 Mile Rd		Northville		MI	48167
Principal Occupation	_	Name of Employ	er		10207
Beautician					
			Hair Company		nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
an event reported in section 31:					
Ľ No I□	07/2	29/2017	\$375.00		\$375.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Reilly		Anne		S	1739
Residential Street Address	City	741110		State	Zip Code
	City				-
153 Shllmeadow Ln		Kensington		СТ	06037
Principal Occupation		Name of Employ			
Homemaker		Home	maker		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	07/	29/2017	\$75.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	0//.	29/2017	\$75.00		\$25.00
					a . 1 . m #
Last Name	First			MI	Contribution ID #
Siebrecht		Felipe			1733
Residential Street Address	City			State	Zip Code
11 Old Field Ln		Litchfield		CT	06759
Principal Occupation		Name of Employ	er		
Business development		Greer	leaf Energy Solutions		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of GOVERNMENT THE CONTROL IS NOT THE CONTROL IN THE C			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Duite	110001100	1156.05ate Commount		
X No Cash Personal Check	00/	01/2017	¢E0.00		¢E0.00
If yes, list Event # Money Order X Credit/Debit Card	08/1	01/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Doheny		Chet			1737
Residential Street Address	City			State	Zip Code
37 Royal Crest Dr		Prospect		СТ	06712
Principal Occupation		Name of Employ	er	•	
CEO		ICES			
			abbyigt groups or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:		D : 1		1	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
	1				
If yes, list Event # Cash Credit/Debit Card	08/0	01/2017	\$100.00		\$100.00

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Doheny		Jessica			1735			
Residential Street Address	City			State	Zip Code			
37 Royal Crest Dr		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er		•			
Vice President		ICES	Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with on event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
X No Cash X Personal Check	08/0	01/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lumani		Lixhon		М	1807			
Residential Street Address	City			State	Zip Code			
10 E Main St		Avon		СТ	06001			
Principal Occupation	-	Name of Employ	er	<u> </u>	00001			
barber			e E main Street					
			obbyist spouse or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	111100	ant of continuation			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	_				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	00,	01/2017	#100.00		±100 00			
If yes, list Event # Money Order Credit/Debit Card	08/1	01/2017	\$100.00		\$100.00			
				1.0	La . z . m #			
Last Name	First			MI	Contribution ID #			
Lumani		Lytfi			1808			
Residential Street Address	City			State	Zip Code			
231 N Star Dr	<u> </u>	Southington		СТ	06489			
Principal Occupation		Name of Employ						
Barber			Barbershop	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (•					
government the contract is with: Executive Legislative			x _{No}	_				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #	08/0	01/2017	\$100.00		\$100.00			
					I			
Last Name	First			MI	Contribution ID #			
Friel		Toni			1736			
Residential Street Address	City			State	Zip Code			
181 Westbury Park Rd		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er					
Stylist		Rima	ge Salon and Spa					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of			•					
government the contract is with: Executive Legislative			x _{No}	4				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?	1							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/0	02/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	'S (S	ection A-D							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		· · · · · · · · · · · · · · · · · · ·	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Evon	1 1130	Heather		· · · ·	1740				
Residential Street Address	City			State	Zip Code				
181 Westbury Park Rd		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er						
Manager		ICES	Inc						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or For labbridge Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No	l								
If yes, list Event # Money Order Credit/Debit Card	08/	02/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sanders	FIISt	Mary lou		IVII	1738				
Residential Street Address	City	Mary Iou		State	Zip Code				
322 Glen St	City	New Britain		CT	06051				
Principal Occupation		Name of Employ	er	<u> </u>	00001				
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 71?									
If yes, list Event # Cash Credit/Debit Card	08/	07/2017	\$25.00		\$25.00				
	l								
Last Name	First			MI	Contribution ID #				
Bouzakis	C'i	Katerina		Gr. r	1864				
Residential Street Address 4 Windsor Ct	City	Earmington		State CT	Zip Code 06032				
Principal Occupation		Farmington Name of Employ	or	CI	00032				
Waitress			os Restaurant						
T			obbyist, spouse, or	Amou	nt of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 71?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	08/	07/2017	\$25.00		\$25.00				
J.,									
Last Name	First			MI	Contribution ID #				
Rosselli		Bernard		_	1734				
Residential Street Address	City	Donito Covins		State	Zip Code				
28270 Lisbon Ct # 2921 Principal Occupation		Bonita Spring Name of Employ		FL	34135				
President			art EFI LLC						
			obbyict chause or	Amou	nt of Contribution				
Yes X N	0	dependent child of	Vac	1 222700					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with In a way transported in Section 112 Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes list Event # Cash Personal Check No Cash Personal Check X Credit/Debit Card	08/	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
BAKER		JOANNE			1899			
Residential Street Address	City			State	Zip Code			
107 Route 169		Woodstock		СТ	06281			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
T41 (3.6 1/1.34 — M4.1.6 (3.6	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	08/	14/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		,	4					
Last Name	First			MI	Contribution ID #			
Espinose	1 1150	Caleb		E	1789			
Residential Street Address	City	Caleb		State	Zip Code			
	City				-			
20 Martin Ct		Uncasville		СТ	06382			
Principal Occupation		Name of Employ						
Crew member		Mcdoi		1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
× No	08/	17/2017	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lounsbury		Mark		L	1790			
Residential Street Address	City			State	Zip Code			
47 Noahs Way		Baltic		СТ	06330			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	Received	Aggregate Contributions					
X No Cash X Personal Check	00/	17/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	00/	17/2017	\$100.00		\$100.00			
LAN	г				C (1 (ID#			
Last Name	First			MI	Contribution ID #			
Meadows		Geraldine			1791			
Residential Street Address	City			State	Zip Code			
66 Riverside Dr		Versailles		СТ	06383			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (·					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	08/	17/2017	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
		iiviuuais			La . z . m #				
Last Name Meadows	First	Michael		MI	Contribution ID # 1792				
Residential Street Address	City			State	Zip Code				
119 Main St		Baltic		СТ	06330				
Principal Occupation		Name of Employ	er	-	•				
Public Works		Town	of Franklin						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.00.10						
If yes, list Event # Cash X Personal Check Money Order	08/	17/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
meadows		Edward			1793				
Residential Street Address	City			State	Zip Code				
66 Riverside Dr		Versailles		СТ	06383				
Principal Occupation		Name of Employ	er						
Senior Center Coordinator		Town	of Sprague						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	08/	17/2017	\$50.00		\$50.00				
					La .a . m.				
Last Name Bouley	First	Janet		MI S	Contribution ID # 1763				
Residential Street Address	City			State	Zip Code				
114 Lovers Ln		Plainfield		СТ	06374				
Principal Occupation		Name of Employ	er	!					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 08182017A No Solution	08/	18/2017	\$100.00		\$100.00				
Last Name	First	·		MI	Contribution ID #				
Watson	FIISt	Liberty		IVII	1764				
Residential Street Address	City	Liberty		State	Zip Code				
35 Old Sawmill Rd		Woodstock		CT	06281				
Principal Occupation		Name of Employ	er						
Massage Therapist			not sense healing arts						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative	Б.	D i 4		ļ					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Service and Check	08/	18/2017	\$40.00		\$40.00				
If yes, list Event # 08182017A Money Order Credit/Debit Card	00/	10/201/	φ4 0.00		ψ-τ 0. 00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Wilk		Irene			1765				
Residential Street Address	City			State	Zip Code				
64 High Meadow Dr		Plainfield		СТ	06374				
Principal Occupation Retired		Name of Employ Retire							
			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 08182017A No Money Order Credit/Debit Card	08/	18/2017	\$30.00		\$30.00				
	I				La . i . p. "				
Last Name	First	Carolina		MI	Contribution ID #				
Dubay Residential Street Address	City	Carolina		State	1766 Zip Code				
65 Dubay Dr	City	Danielson		CT	06239				
Principal Occupation		Name of Employ	er	<u> </u>					
Office Clerk		Duba	ys tractor center						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	00/	40/2047	+20.00		+20.00				
If yes, list Event # 08182017A No Money Order Credit/Debit Card	08/	18/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Gaudreau		Kevin			1767				
Residential Street Address	City			State	Zip Code				
242 State Ave		Rogers		СТ	06263				
Principal Occupation		Name of Employ	er						
Auctioneer			reau Auction						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	riggiogue Controutions						
No Cash Personal Check	08/	18/2017	\$50.00		\$50.00				
If yes, list Event # 08182017A									
Last Name	First			MI	Contribution ID #				
Filiault		Deborah		Α	1768				
Residential Street Address	City			State	Zip Code				
12 Connecticut		Enfield		СТ	06082				
Principal Occupation Servier		Name of Employ							
			nons Irish Pub obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	Amou	an or contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an expert reported in Section 112 Yes We thought the contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 08182017A No San Service Cash Servic	08/	18/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
		iividuais		Lva	Contribution ID#				
Last Name Danis	First	Destani		MI	Contribution ID # 1769				
Residential Street Address	City			State	Zip Code				
204 Wright Rd	,	Danielson		СТ	06239				
Principal Occupation		Name of Employ	er						
Waitress		Victor	ian Restruant						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with A Yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 08182017A Cash Personal Check No Money Order Credit/Debit Card	08/	18/2017	\$100.00		\$100.00				
				1	La .a . m.				
Last Name	First			MI	Contribution ID #				
Hoffman		Andrew			1770				
Residential Street Address	City			State	Zip Code				
16 Babcock Ave		Plainfield		СТ	06374				
Principal Occupation		Name of Employ							
Planner			past Guard Academy						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			1.00.10						
No No Personal Check	08/	18/2017	\$50.00		\$50.00				
If yes, list Event # 08182017A									
Last Name	First			MI	Contribution ID #				
Aromin		Mary			1771				
Residential Street Address	City			State	Zip Code				
134 Roper Rd		Moosup		СТ	06354				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 08182017A	08/	18/2017	\$25.00		\$25.00				
Last Name	First			МІ	Contribution ID #				
Last Name Lewerenz	FIISt	Pamela		IVII	1772				
Residential Street Address	City	Turricia		State	Zip Code				
35 Wade Rd	City	Pomfret Cent	ter	CT	06259				
Principal Occupation		Name of Employ		<u> </u>	00233				
Coach			ced Numbers						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyist?						
government the contract is with: Executive Legislative			x _{No}]					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 08182017A Cash Credit/Debit Card	08/	18/2017	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Clifford	11130	Scott		A	1773				
Residential Street Address	City	3000		State	Zip Code				
103 River St	City	Killingly		CT	06239				
Principal Occupation		Name of Employ	or.	Ci	00239				
Railway mechanic		1 ,	មា dence and Worchester Railroa	ad					
			obbyist, spouse, or		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
No Cash X Personal Check	08/	18/2017	\$50.00		\$50.00				
If yes, list Event # 08182017A			<u> </u>						
Last Name	First			MI	Contribution ID #				
Lippke		Christopher			1774				
Residential Street Address	City	•		State	Zip Code				
9 Kinne Rd		Canterbury		СТ	06331				
Principal Occupation		Name of Employ	er		<u> </u>				
Selectman		Town	of Canterbury						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions	•					
an event reported in Section J1?									
No Cash X Personal Check	08/	18/2017	\$50.00		\$50.00				
If yes, list Event # 08182017A	,								
Last Name	First			MI	Contribution ID #				
Brummett		Patricia		Α	1775				
Residential Street Address	City			State	Zip Code				
518 Westminster Rd		Canterbury		СТ	06331				
Principal Occupation		Name of Employ	er						
RN		WW E	Backus Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event concreted in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 08182017A	08/	18/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Fremuth		Karen			1776				
Residential Street Address	City			State	Zip Code				
60 Cutler Rd		Dayville		СТ	06241				
Principal Occupation		Name of Employ							
Home Maker			Fremuth						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Data	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	received	Assiegate Controutions						
No Cash X Personal Check	00/	18/2017	\$20.00		\$20.00				
If yes, list Event # 08182017A No Money Order Credit/Debit Card	08/	10/201/	\$∠U.UU	1	φ20.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore	Lumaj Explore October 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Macdonald		Leo			1777
Residential Street Address	City			State	Zip Code
332 S Burnham Hwy		Lisbon		СТ	06351
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 08182017A No Scale Money Order Credit/Debit Card	08/	18/2017	\$50.00		\$50.00
injunition of the control of the con				<u> </u>	
Last Name	First			MI	Contribution ID #
Eiler		Joanne		R	1778
Residential Street Address	City	Dun aldını		State	Zip Code
36 Bunny Ln Principal Occupation		Brooklyn Name of Employ	or.	СТ	06234
Account Manager		PMG 1			
			obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 08182017A Cash Cash Personal Check No San Credit/Debit Card	08/	18/2017	\$75.00		\$25.00
	E: .			L	G (7) D "
Last Name Napieratvo	First	Kyle		MI W	Contribution ID # 1779
Residential Street Address	City	Куїє		State	Zip Code
31 Walsid St	City	Oakville		CT	06239
Principal Occupation		Name of Employ	er		
Sales		cifran	nbore water		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	1 a 1000y1st:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	00/	10/2017	#3F 00		#35.00
If yes, list Event # 08182017A No Money Order Credit/Debit Card	08/.	18/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
St. Jean	1 1150	Kevin]]	1780
Residential Street Address	City	-		State	Zip Code
137 Anderson Rd		Brooklyn		СТ	06234
Principal Occupation		Name of Employ	er		
Management		UNFI			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: Executive Legislative	Б	D : 1			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	08/	18/2017	\$25.00		\$25.00
If yes, list Event # 08182017A Money Order Credit/Debit Card	Ι ΄΄΄	-, - ·	4_3.00	I	,

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Howard		Catherine			1781				
Residential Street Address	City			State	Zip Code				
63 Highland St		Moosup		СТ	06354				
Principal Occupation		Name of Employ	er		-				
Realtor		Berks	hire Hathaway Home Service	es.					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	00/	10/2017	¢100.00		\$100.00				
If yes, list Event # 08182017A	08/	18/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dauphineris	11150	Anne			1782				
Residential Street Address	City	-		State	Zip Code				
204 Wright Rd		Danielson		СТ	06239				
Principal Occupation		Name of Employ	er						
State Rep		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	00,	40/2047	+400.00		+100.00				
If yes, list Event # 08182017A	08/	18/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Harris	11150	Harold			1783				
Residential Street Address	City			State	Zip Code				
101 Laurel Trl		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er	•					
Engineer		Plasti	cs and Concepts of CT						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	n8/	18/2017	\$100.00		\$100.00				
If yes, list Event # 08182017A	00,	10,2017	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Smith		Maria			1784				
Residential Street Address	City			State	Zip Code				
392 Tripp Hollow Rd		Canterbury		СТ	06331				
Principal Occupation		Name of Employ	er						
Accounts Administrator			ys tractor center						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent cinia (x No						
government the contract is with: Executive Legislative Legislative	Б.	D i 4							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	_ Ω8 /	18/2017	\$50.00		\$50.00				
If yes, list Event # 08182017A	00/	10/201/	φυ.υυ		Ψ50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
	First	ii viuuui 5		MI	Contribution ID #				
Last Name Smith	First	Kim		MI	1785				
Residential Street Address	City			State	Zip Code				
392 Tripp Hollow Rd		Canterbury		СТ	06331				
Principal Occupation		Name of Employ	er						
Maint Mechanic		Frito I	Lay Co						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		aepenaent enna e	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	•					
is this contribution associated with an event reported in Section J1?									
If yes, list Event # 08182017A	08/	18/2017	\$50.00		\$50.00				
					T				
Last Name	First			MI	Contribution ID #				
Musollari	City	Elitl		C+-+-	1794				
Residential Street Address	City	14/= tl		State	Zip Code				
563 Wolcott St		Waterbury		СТ	06705				
Principal Occupation Laborer		Name of Employ	^{er} nerican Paving						
			obbyist spouse or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	08/	19/2017	\$100.00		\$100.00				
				l	i				
Last Name	First			MI	Contribution ID #				
Bylykbashi		Arben			1795				
Residential Street Address	City	14/= b =b		State	Zip Code				
563 Wolcott St		Waterbury		СТ	06705				
Principal Occupation Owner		Name of Employ	^{er} nerican Paving						
			obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Reci		Bledar			1796				
Residential Street Address	City			State	Zip Code				
78 Meadow St		Seymour		СТ	06483				
Principal Occupation		Name of Employ	er	•	-				
Mason		Reci (Construction						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		S-p	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	received	Aggregate Contributions						
x No X Cash Personal Check	<u>08</u> /	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I 30/	-5/201/	Ψ100.00		T-30.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boci		Sokol			1797				
Residential Street Address	City			State	Zip Code				
7 Smith St	<u> </u>	Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Stone-Mason Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Boci		Altin			1798				
Residential Street Address	City			State	Zip Code				
7 Smith St	<u> </u>	Ansonia		СТ	06401				
Principal Occupation Mason		Name of Employ	masonry						
				Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	08/	19/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Tolo		Aobian			1799				
Residential Street Address	City			State	Zip Code				
15 Sandorol	<u> </u>	Woodbridge		СТ	06525				
Principal Occupation		Name of Employ							
Contractor Is contributor a principal of a state contractor or prospective state contractor?			Construction ohly ist shouse or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	V	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	08/	19/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
tolo		Ervs			1800				
Residential Street Address	City			State	Zip Code				
15 Sandorol	<u> </u>	Woodbridge		СТ	06525				
Principal Occupation Contractor		Name of Employ	^{er} Construction						
			-1.1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	or contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	08/	19/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Zegiraj		Albyn			1801
Residential Street Address	City			State	Zip Code
13 Forest Rd Principal Occupation		Seymour Name of Employe		СТ	06843
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?		
government the contract is with:	_			lo	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Zash Personal Check	08/	19/2017	\$100.00		\$100.00
If yes, list Event #	00/	15/2017	\$100.00		————
Last Name	First			MI	Contribution ID #
Ndoci		Luigi			1802
Residential Street Address	City			State	Zip Code
76 Wooster St		Shelton		СТ	06484
Principal Occupation		Name of Employe			
Construction Worker			Masonary		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	'es Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	X 1	lo l	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Zash Personal Check	08/	19/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Deuiollo		Erlin			1803
Residential Street Address	City			State	Zip Code
52 Sharon Rd		Waterbury		СТ	06705
Principal Occupation		Name of Employ			
Helper Is contributor a principal of a state contractor or prospective state contractor?			atuck Mason Supply obbyist, spouse, or	Amo	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		'es Allio	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	lo	
Is this contribution associated with Second of the Second	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	19/2017	\$100.00		\$100.00
Last Name	Pit			1 1/1	Contribution ID#
ndoci	First	Elton		MI	Contribution ID #
Residential Street Address	City	Liton		State	Zip Code
76 Wooster St		Shelton		СТ	
Principal Occupation		Name of Employ	er		
Owner		Mark	Masonary		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?		
government the contract is with:		Danier 1	X N	10	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Zash Personal Check	08/	19/2017	\$100.00		\$100.00
If yes list Event # Money Order Credit/Debit Card	ı,	•		1	

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A MONETA DV DE CENTRO (C. C. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Najte		Mondjal			1805			
Residential Street Address	City			State	Zip Code			
28 Wesley St		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Waiter		Ross	Restaruant					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
X No Zash Personal Check	08/	19/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
rakaj		kliton			1806			
Residential Street Address	City			State	Zip Code			
25 Blue Spruce Ln		Monroe		CT	06468			
Principal Occupation		Name of Employ	or	<u> </u>	00400			
			al Oil LLC					
Manager			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of		1						
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x c n c								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	19/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ziba		Ilir			1759			
Residential Street Address	City			State	Zip Code			
22 Arcadia Ave		Oakville		СТ	06779			
Principal Occupation		Name of Employ	er					
Owner		Lucky	s Pizza					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	a lobbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
× No	08/	19/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Ziba		Alide			1760			
Residential Street Address	City			State	Zip Code			
22 Arcadia Ave		Oakville		СТ	06779			
Principal Occupation		Name of Employ	er		00773			
co owner			s Pizza					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	2410		opropare contributions					
x No Personal Check	00/	19/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	08/	19/201/	\$100.00	1	φ100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore			October 10 1 ming - Origina	<u></u>	
B. Itemized Contributions from	m Ind	lividuals			_
Last Name	First			MI	Contribution ID #
Ziba		Mevlana		\bot	1761
Residential Street Address	City			State	Zip Code
22 Arcadia Ave	<u> </u>	Oakville		СТ	06779
Principal Occupation Waitress		Name of Employe Lucky	er s Pizza		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Noney Order Credit/Debit Card	08/	19/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Etemi	First	Dallendishe		IVII	1762
Residential Street Address	City	24.10.14.0.10		State	Zip Code
329 Schraffts Dr		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		•
N/A		N/A			
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	a lobbyist?	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg	
x No Resonal Check	08/	19/2017	\$100.00		\$100.00
If yes, list Event #		•	·		
Last Name	First			MI	Contribution ID #
Papas		Chris			1809
Residential Street Address	City			State	Zip Code
30 Great Hill Rd	<u> </u>	Coventry		СТ	06238
Principal Occupation Assistant		Name of Employ	er iew Restaurant		
				Arr	ount of Contribution
Yes A No	0	dependent child of	of a lobbyist?	Yes	
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? If yes, list Event # Cash Personal Check X Money Order Credit/Debit Card	08/	20/2017	\$100.00		\$100.00
					T
Last Name	First	\/peililep		MI	Contribution ID #
Papas Residential Street Address	City	Vasilika		State	Zip Code
30 Great Hill Rd	City	Coventry		CT	06238
Principal Occupation		Name of Employ	er		1
Manager		Lakev	iew Restaurant		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or if a lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		-	x	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	08/	20/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Papas		Mariana			1813			
Residential Street Address	City			State	Zip Code			
30 Great Hill Rd		Coventry		СТ	06238			
Principal Occupation		Name of Employ	er					
Owner		Lakev	view Restaurant					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Credit/Debit Card	08/	20/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Papa		Leo			1814			
Residential Street Address	City			State	Zip Code			
30 Grant Hill Rd		Coventry		CT	06238			
Principal Occupation		Name of Employ	er					
Owner		Lakvi	ew restaurant					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Credit/Debit Card	08/	20/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Noujaim		Daad		J	1830			
Residential Street Address	City			State	Zip Code			
33 Southview Dr		Watertown		СТ	06795			
Principal Occupation		Name of Employ						
Treasurer			im tool					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	00/	20/2017	# F0.00		* F0.00			
If yes, list Event # Money Order Credit/Debit Card	08/.	20/2017	\$50.00		\$50.00			
Last Name	г			\ r	C C C D			
	First			MI	Contribution ID #			
Lombardo Residential Street Address	City	Janice		Stata	1741 Zip Code			
38 Park View Rd	City	Vancington		State CT	06037			
Principal Occupation		Kensington Name of Employ	ar .	CI	00037			
Homemaker		None	Ci					
			obbyist, spouse, or	Δmou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Anou	J. Commoundin			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			200 20mmonono					
No X Cash Personal Check	08/	20/2017	\$60.00		\$60.00			
If yes, list Event # 08202017A			Ψ00.00		+50.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Luddy		Brenden		Т	1742				
Residential Street Address	City			State	Zip Code				
68 Casner Dr		Berlin		СТ	06037				
Principal Occupation Chief Estimator		Name of Employ	er lackenzie COmpany						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check	l								
If yes, list Event # 08202017A No Money Order Credit/Debit Card	08/	20/2017	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Tiede	Thist	Arthur		IVII	1743				
Residential Street Address	City			State	Zip Code				
804 Flanders Rd		Southington		СТ	06489				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed	-					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	08/	20/2017	\$20.00		\$20.00				
If yes, list Event # 08202017A		-, -	1						
Last Name	First			MI	Contribution ID #				
Pabon		Wilfred			1744				
Residential Street Address	City			State	Zip Code				
205 Birchwood Dr	<u> </u>	New Britain		СТ	06053				
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor?			Britain Fence obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	37	Aillot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 31?									
If yes, list Event # 08202017A	08/	20/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Paonessea	FIISt	Lecia		J	1745				
Residential Street Address	City	Lecia		State	Zip Code				
1906 Chamberlin Hwy		Berlin		СТ	06037				
Principal Occupation		Name of Employ	er		•				
Secretary		Town	of Berin						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpendent clind (x No						
government the contract is with:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	1.0001700							
If yes, list Event # 08202017A No	08/	20/2017	\$25.00		\$25.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Paonessea		Charles			1746
Residential Street Address	City			State	Zip Code
1906 Chamberlin Hwy		Berlin		СТ	06037
Principal Occupation		Name of Employ	er		
Contractor Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliou	in or Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 08202017A	08/	20/2017	\$25.00		\$25.00
If yes, list Event # 00202017A I Money Order Credit Debit Card					
Last Name	First			MI	Contribution ID #
Pacano		Susann		М	1747
Residential Street Address	City			State	Zip Code
67 Hickory Hill Rd		Kensington		СТ	06037
Principal Occupation		Name of Employ			
worker Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinou	nt of Controlation
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 08202017A	08/	20/2017	\$10.00		\$10.00
If yes, list Event # 00202017A Infoncy Order Infoncy Order	<u> </u>				
Last Name	First			MI	Contribution ID #
Pavano		Gary			1748
Residential Street Address	City			State	Zip Code
67 Hickory Hill Rd		Berlin		СТ	06037
Principal Occupation HVAC Tech		Name of Employ			
T			tal for special care obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of		111104	in or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Is the contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 08202017A No Sash Creck Credit/Debit Card	08/	20/2017	\$10.00		\$10.00
injuny order in creations can				<u> </u>	
Last Name	First			MI	Contribution ID #
Turgeon		Maxwell		_	1749
Residential Street Address 86 Patriot Ln	City	Newinston		State	Zip Code
Principal Occupation		Newington Name of Employ	or	СТ	06111
Student		Stude			
			obbyist, spouse, or	Amou	nt of Contribution
Yes X N)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31:					
If yes list Event # 08202017A Cash Cash Personal Check	08/	20/2017	\$25.00		\$25.00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dukiewicz		Mary		Р	1750				
Residential Street Address	City	- /		State	Zip Code				
22 McMurray Dr		Kensington		СТ	06037				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	<u> </u>						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 08202017A	08/	20/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Veley		Joan			1751				
Residential Street Address	City			State	Zip Code				
1424 Orchard Rd		Berlin		СТ	06037				
Principal Occupation		Name of Employ							
Retired		Retire		i					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with:			x No						
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 08202017A No Money Order Credit/Debit Card	08/	20/2017	\$50.00		\$50.00				
					r				
Last Name	First			MI	Contribution ID #				
Udi		Amnon			1752				
Residential Street Address	City			State	Zip Code				
473 Chimney Sweep Hill Rd		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ							
Salesman			y Honda						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:	Dete	Received							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	00/	20/2017	\$50.00		\$50.00				
If yes, list Event # 08202017A	06/.	20/2017	\$30.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Buckley	1 1150	John		R	1753				
Residential Street Address	City	301111		State	Zip Code				
68 Dorman Rd		New Britain		СТ	06053				
Principal Occupation		Name of Employ	er	<u> </u>					
Plant Engineer			on Company						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	,	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
— X D 1G 1									
If yes, list Event # 08202017A	08/2	20/2017	\$25.00		\$25.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mercurio		Michael		P	1754				
Residential Street Address	City			State	Zip Code				
106 Hall Ave		Meriden		СТ	06450				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A yes We want reported in Section 112	Date	Received	Aggregate Contributions						
X Parsonal Chark									
If yes, list Event # 08202017A No Money Order Credit/Debit Card	08/	20/2017	\$15.00		\$15.00				
in you, in 27 cm in Court in C									
Last Name	First			MI	Contribution ID #				
Szykowicz		Vincent			1755				
Residential Street Address	City			State	Zip Code				
140 Knox Blvd		Middletown		СТ	06457				
Principal Occupation		Name of Employ							
Elevator Mechanic			Elevator						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Barsanal Chack									
If yes, list Event # 08202017A No Money Order Credit/Debit Card	08/	20/2017	\$100.00		\$50.00				
					Γ				
Last Name	First			MI	Contribution ID #				
Szynkowicz		Linda		J	1756				
Residential Street Address	City			State	Zip Code				
140 Knox Blvd Principal Occupation		Middletown		СТ	06457				
		Name of Employ Self	ei						
Security Auditor Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Alliot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			86 8						
No Cash X Personal Check	08/	20/2017	\$100.00		\$50.00				
If yes, list Event # 08202017A			,						
Last Name	First			MI	Contribution ID #				
Buckley		Linda			1757				
Residential Street Address	City			State	Zip Code				
68 Dorman Rd		New Britain		СТ	06053				
Principal Occupation		Name of Employ	er	•					
Tutor		South	ington Schools						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			X No						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
		20/2017	125.00		+2F 0C				
If yes, list Event # 08202017A Cash Credit/Debit Card	08/	20/2017	\$25.00		\$25.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore			Ostober 10 Tilling Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tedeschi		Elizabeth			1758
Residential Street Address	City			State	Zip Code
171 Butternut Ln	Ļ.,	Kensington Name of Employe		СТ	06037
Principal Occupation Registrar of Voters		1 7	of Berin		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution
If we sindicate which branch or branches of	0	dependent child of	if a lobbyist?		
government the contract is with:			x _{No}	1	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	08/	20/2017	\$25.00		\$25.00
If yes, list Event # 08202017A	00/2	20/2017	\$23.00		\$25.00
Last Name	First			MI	Contribution ID #
Noujaim		Joseph		G	1831
Residential Street Address	City			State	Zip Code
33 Southview Dr	<u> </u>	Watertown		СТ	06795
Principal Occupation		Name of Employ	er		
President			im tool		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check Money Order	08/2	21/2017	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Lombardi		Bill			1898
Residential Street Address	City	D :		State	Zip Code
76 Wildewood Run Principal Occupation	<u>. </u>	Name of Employe	or.	СТ	06010
Sales Engineer Telecommunication In		Coriar			
-				Amou	ınt of Contribution
Yes 🔼 No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions]	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	08/2	21/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Kittredge	1 1130	Gary		M	1836
Residential Street Address	City	<u> </u>		State	Zip Code
222 Country Club Rd		Torrington		СТ	06790
Principal Occupation		Name of Employ	er	-	•
Sales		Brook	s Associates		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child 0	x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date				
If yes, list Event # Cash X Personal Check Money Order	08/2	22/2017	\$100.00		\$100.00

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Colson		Kenneth		S	1832				
Residential Street Address	City			State	Zip Code				
20 Windermere Ridge Dr	,	Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
General Manager			im tool						
			abbyigt groups or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	711104	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash x Personal Check	08/	22/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
	1 1130	Selim		G	1838				
Noujaim Residential Street Address	City	Sellili							
	City			State	Zip Code				
104 Dinatali Dr		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
Executive VP		Water	<u> </u>						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Anney Order Credit/Debit Card	08/	22/2017	\$100.00		\$100.00				
Noney order									
Last Name	First			MI	Contribution ID #				
Ayoub		Paul		Р	1837				
Residential Street Address	City			State	Zip Code				
546 Mount Fair Dr		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er						
President		Metal	lon Inc.						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	08/	23/2017	\$100.00		\$100.00				
If yes, list Event #		,	7						
Last Name	First			MI	Contribution ID #				
Siebrecht	1 1130	Felipe		1411	1895				
Residential Street Address	City	Гепре		State	Zip Code				
	City	l itabé ald			-				
11 Old Field Ln		Litchfield	or.	СТ	06759				
Principal Occupation		Name of Employ							
Business development			nleaf Energy Solutions						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	08/	24/2017	\$200.00		\$150.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals	•					
Last Name Costantiello	First	vito		MI	Contribution ID # 1896			
Residential Street Address	City			State	Zip Code			
1290 Silas Deane Hwy		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ						
President & Principal			Lighting Group					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X No								
If yes, list Event # No Money Order X Credit/Debit Card	08/	24/2017	\$24.00		\$24.00			
Last Name	First			MI	Contribution ID #			
Sabani		Idriz			1897			
Residential Street Address	City			State	Zip Code			
903 Windsor Forest Dr	L	Altoona		WI	54720			
Principal Occupation		Name of Employ						
Real estate developer			Gren LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	08/2	24/2017	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Raad		Marc		N	1833			
Residential Street Address	City			State	Zip Code			
503 Wolcott Rd	<u> </u>	Wolcott		СТ	06716			
Principal Occupation Physcian		Name of Employ Marc						
Is contributor a principal of a state contractor or proceeding state contractor?			obbyist snouse or	Amou	int of Contribution			
Yes 🔼 N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Credit/Debit Card	08/2	24/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
LaCapra		George			1834			
Residential Street Address	City			State	Zip Code			
181 Curtiss Ln	L	Watertown		СТ	06795			
Principal Occupation		Name of Employ						
Executive Management Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	0	dependent child of	Vac	Amou	or contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash A Personal Check	08/	24/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original					
Lumaj Explore					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Noujaim		Linda		Α	1835
Residential Street Address	City	14/= tl		State	Zip Code
104 Dinatali Dr Principal Occupation	L	Waterbury Name of Employ	or	СТ	06705
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna e	x _{No}	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	08/	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ferneini		Arvoine			1815
Residential Street Address	City			State	Zip Code
10 Breckenridge Ct		Hamden		СТ	06514
Principal Occupation		Name of Employ	er		•
Ansular System		CVC			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No	,	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	08/	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ghautoes		Andre			1816
Residential Street Address	City			State	Zip Code
3 Sleepy Hollow Rd		Guilford		СТ	06437
Principal Occupation	-	Name of Employ	er	-	-
Cardiologist			Jniversity		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Navaciedtiu		Sjakfj			1817
Residential Street Address	City			State	Zip Code
3 Tachal Meadow Ln		North Branfo	rd	СТ	06471
Principal Occupation		Name of Employ	er		
Owner		resta			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	s Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No	.]	
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date		op-ogate contributions		
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	08/	24/2017	\$100.00	1	\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore			Colober 10 1 ming Chighlan		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ferneini		Elie			1818
Residential Street Address	City			State	Zip Code
21 Breckenridge Principal Occupation	<u> </u>	Hamden Name of Employ		СТ	06514
oval superintendent			rer Wavertnk		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Dute	received	riggiogate Contributions		
If yes, list Event # X No X Cash Personal Check Oredit/Debit Card Credit/Debit Card	08/	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Schfnk	1 1100	Michael			1819
Residential Street Address	City			State	Zip Code
683 Jacon Rd		Southbury		СТ	06488
Principal Occupation		Name of Employ	er	-	•
Sales		Self			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x N	Io	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Rection J17	08/	24/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
shariff		Teja			1820
Residential Street Address	City			State	Zip Code
14 James Vincent Dr		Clinton		СТ	06413
Principal Occupation CPA		Name of Employ	er ff and COmpany		
			· ,	Amo	unt of Contribution
Yes A No	0	dependent child of		es	ant of continuation
If yes, indicate which branch or branches of government the contract is with:			x N	lo	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	08/	24/2017	\$100.00		\$100.00
	F: .			1,0	C (T C ID#
Last Name	First	Coorgo		MI	Contribution ID # 1821
Noujaim Residential Street Address	City	George		State	Zip Code
311 Windy Dr	City	Waterbury		CT	06705
Principal Occupation		Name of Employ	er		
Sales		Mutua	al Of Ohama		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	lo	
Is this contribution associated with Ves Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	08/	24/2017	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Noujaim		Naim		G	1822				
Residential Street Address	City			State	Zip Code				
4 Batesmoure Rd	<u> </u>	Waterbury Name of Employe		СТ	06725				
Principal Occupation CNC Tool Maker		1 7	er im tool						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check Money Order	08/	24/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
TRAVER	FIISt	jACK		MII	1823				
Residential Street Address	City	jricit		State	Zip Code				
PO Box 1231		Middlebury		СТ	06762				
Principal Occupation		Name of Employ	er	•	•				
President		Trave	r IDC						
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Ye	Amou	ınt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X No Cash X Personal Check	08/	24/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	00/	24/201/	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Abi-Karam		Farouk		S	1824				
Residential Street Address	City			State	Zip Code				
21 Crofoot Rd Principal Occupation	<u> </u>	Wilton Name of Employe		СТ	06897				
EVP			industries						
				Amou	ınt of Contribution				
Yes A No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card Credit/Debit Card	08/	24/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hourani		Michael			1825				
Residential Street Address	City			State	Zip Code				
2A Rajcula Farm Rd		Brookfield		СТ	06804				
Principal Occupation		Name of Employe							
Business Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution				
Yes X No	0	dependent child o	Va	s	or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	08/	24/2017	\$100.00		\$100.00				

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A MONETA DV DE CENTRO (C. C. A. D.								
L. MONETARY RECEIPT	S (S	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Lacapra		Stacy		Т	1826			
Residential Street Address	City			State	Zip Code			
181 Curtiss Ln		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er					
development director		city o	f waterbury					
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash X Personal Check	08/	24/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Traver Sr.		Jack			1827			
Residential Street Address	City	34611		State	Zip Code			
795 Park Rd		Watertown		СТ	06795			
Principal Occupation		Name of Employ	or	Ci	00793			
Owner		Trave						
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	-							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	08/	24/2017	\$100.00		\$100.00			
					•			
Last Name	First			MI	Contribution ID #			
Daccache		Armand			1828			
Residential Street Address	City			State	Zip Code			
6 Dylan Dr		Newtown		CT	06470			
Principal Occupation		Name of Employ	er					
Surgen		Danb	ury Eye Phyciians					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	a loodyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
× No	08/	24/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Noujaim		George		J	1829			
Residential Street Address	City			State	Zip Code			
92 Cobblestone Ct		Plantsville		СТ	06479			
Principal Occupation		Name of Employ	er	<u>.</u>	00.73			
VP			im tool					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			000 John Jun 1911					
x No Cash x Personal Check	007	24/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	l 08/	∠→/∠U1/	\$100.00		φ100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mirjan		Pulaha			1992				
Residential Street Address	City	\\/_ \		State	Zip Code				
109 Rosewood Ave Principal Occupation		Waterbury Name of Employ	or	СТ	06706				
Technican		Microl							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1?									
If yes, list Event # 09162017A No	08/	26/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Anderson		Mark		w	1839				
Residential Street Address	City			State	Zip Code				
49 Hunt Glen Dr		Granby		СТ	06035				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -						
If yes, list Event # Cash No Credit/Debit Card	08/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Soto		Pablo			1840				
Residential Street Address	City			State	Zip Code				
100 Broad St		Meriden		СТ	06450				
Principal Occupation		Name of Employ	er						
Systems Support		IQ Te							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	27/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
O'Neill		Arthur			1841				
Residential Street Address	City			State	Zip Code				
617 Bucks Hill Rd		Southbury		СТ	06488				
Principal Occupation		Name of Employ							
Attorney			r O'neill	Amax	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	08/	27/2017	\$100.00		\$100.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
o'neill		ruby		С	1842				
Residential Street Address	City			State	Zip Code				
617 Bucks Hill Rd		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
T 41	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	08/	27/2017	\$100.00		\$100.00				
If yes, list Event #					·				
Last Name	First			MI	Contribution ID #				
Mulla		Julita			1855				
Residential Street Address	City	Junea		State	Zip Code				
43 Rosewood Ave	City	Waterbury		CT	06706				
Principal Occupation		Waterbury Name of Employ	on.	CI	00700				
Student		Stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	27/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Dragulli		Florjan			1856				
Residential Street Address	City			State	Zip Code				
43 Rosewood Ave		Waterbury		CT	06706				
Principal Occupation		Name of Employ	er	-					
Owner		Kafe	korca						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
× No	08/	27/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Skrelja		Ana Marija			1857				
Residential Street Address	City			State	Zip Code				
110 Cherry Ave		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er	<u> </u>	00.30				
Student			town High School						
			obbyjet enouge or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check	00.7	27/2017	#20.00		¢30.00				
If yes, list Event #	Uδ/.	27/2017	\$30.00		\$30.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - Origi			
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
skrelja		Viktor				1858
Residential Street Address	City				State	Zip Code
110 Cherry Ave	<u> </u>	Watertown			СТ	06795
Principal Occupation Property Manager		Name of Employe East C	er Gate Apartments			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	08/	27/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
skrelja		Valentina				1859
Residential Street Address	City				State	Zip Code
110 Cherry Ave		Watertown			СТ	06795
Principal Occupation		Name of Employ	er	•		
Cleaning		East (Gate Apartments	_		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	x a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	08/	27/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
skrelja		Domeniko				1860
Residential Street Address	City				State	Zip Code
110 Cherry Ave		Watertown			СТ	06795
Principal Occupation		Name of Employe	er	-	-	
Student		Stude	nt			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	27/2017	\$100.00		<u> </u>	\$100.00
Last Name	First				MI	Contribution ID #
Saloski		Edip				2331
Residential Street Address	City				State	Zip Code
95 Elmwood Ave # 1FL		Waterbury			СТ	06710
Principal Occupation		Name of Employ				
Technician			Industrial Services			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			•	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # Credit/Debit Card	08/	28/2017	\$100.00			\$100.00

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I, MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hamzy		William			1894				
Residential Street Address	City	T		State	Zip Code				
2 Minor Rd Principal Occupation	l	Terryville Name of Employe	or	СТ	06786				
Attorney			amzy Law Firm						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	08/	29/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Piazza		Linda			2323				
Residential Street Address	City			State	Zip Code				
15 Preston Ave	<u> </u>	Plainville		СТ	06115				
Principal Occupation		Name of Employ	er						
Manager			oc Diner						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	08/	30/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Trahan		Cynthia			2324				
Residential Street Address	City			State	Zip Code				
28 Milford St		Manchester		СТ	06042				
Principal Occupation		Name of Employ	er						
Server			oc Diner						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	08/	30/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Rochester		Philip		E	2325				
Residential Street Address	City			State	Zip Code				
42 Alden St	<u> </u>	Hartford		СТ					
Principal Occupation		Name of Employe							
Manager Le contributor o minimal of a state contractor or mean active state contractor?			oc Diner	A	out of Contrib-ti				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No X Cash Personal Check If yes, list Event # Credit/Debit Card	08/	30/2017	\$20.00		\$20.00				

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I. MONETARY RECEIPT	S (S	ection A_D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	u (u	Audit /A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
		iividuais		l	G . 7			
Last Name	First	Dogge		MI	Contribution ID #			
Stotz Residential Street Address	City	Roger		State	1893			
145 Victoria Dr	City	Cheshire		CT	Zip Code 06410			
Principal Occupation		Name of Employ	or	CI	00410			
Retired		Retire						
11 11			obbriet enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check	08/3	30/2017	\$50.00		\$50.00			
If yes, list Event #			·		· 			
Last Name	First			MI	Contribution ID #			
malshyti		nikolin			1892			
Residential Street Address	City			State	Zip Code			
164 W 79th St		New York		NY	10024			
Principal Occupation		Name of Employ	er					
Resident Manager		Orsid	Realty Corp					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 71?								
	08/3	31/2017	\$200.00		\$200.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Ruta		Raymond		Α	1848			
Residential Street Address	City			State	Zip Code			
349 Brooke-Meadow Rd		Kensington		CT	06037			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	08/3	31/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Zhuta		Ikmet			1849			
Residential Street Address	City			State	Zip Code			
92 Peacedale St		Bristol		СТ	06010			
Principal Occupation		Name of Employ						
Barber			s Edge 3	A	nt of Contrib-ti			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x No					
government the contract is with:	Dete	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Personal Check	00/	01/2017	\$50.00		\$50.00			
If yes_list Event # Money Order Credit/Debit Card	l ^{05/1}	01/201/	\$30.00	1	ψ50.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vezi		Bore			1850				
Residential Street Address	City			State	Zip Code				
41 Balance Rd	<u> </u>	Seymour		СТ	06483				
Principal Occupation Assistant		Name of Employ							
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	01/2017	\$100.00		\$100.00				
				I					
Last Name	First	Calcal		MI	Contribution ID #				
Topi Residential Street Address	City	Sokol		State	1851 Zip Code				
28 Pershing Ave	City	Seymour		CT	06483				
Principal Occupation		Name of Employ	er						
Owner		Topi N	1asonry						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	00.4	04 /2047	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	09/	01/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Curiku		Steven			1852				
Residential Street Address	City			State	Zip Code				
93 Ridge Rd		Naugatuck		СТ	06770				
Principal Occupation		Name of Employ	er						
Painter			polus Disign						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			1.99.18						
X No Cash Personal Check	09/	01/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Gjelui		Itenu			1853				
Residential Street Address	City			State	Zip Code				
198 Croyolies Rd	<u> </u>	Yonkers		NY	10210				
Principal Occupation Supervisor		Name of Employ	er mon Wilfield						
			.1.1	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	01/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Schlosser		Samantha				2315
Residential Street Address	City				State	Zip Code
84 Beno Hill Rd		Colebrook			СТ	
Principal Occupation unemployed		Name of Employe	_{er} ployed			
			abbreigt anguag ar	, 1	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No						
If yes, list Event # No Money Order Credit/Debit Card	09/	01/2017	\$10.00			\$10.00
Last Name	First				MI	Contribution ID #
Perry		David				2316
Residential Street Address	City				State	Zip Code
84 Beno Hill Rd		Colebrook			СТ	
Principal Occupation		Name of Employe	er	_		
Contruction			perry Construction			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?						
X No X Cash Personal Check	09/	01/2017	\$10.00			\$10.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Murtishi		Nadije				2317
Residential Street Address	City				State	Zip Code
20 Barry Ln	<u> </u>	Prospect			СТ	06712
Principal Occupation		Name of Employe				
Preschool Teacher			obbyist, spouse, or	. 1	A mou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child o		Yes	Alliou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	01/2017	\$50.00			\$50.00
Last Name	First				MI	Contribution ID #
Bailey	1 1130	Peter			A	2332
Residential Street Address	City				State	Zip Code
175 Glendale Ave		Winsted			СТ	06098
Principal Occupation	•	Name of Employe	er			
painter		peter	bailey			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		aspendent child t	•	No		
government the contract is with:	Doto	Received	Aggregate Contributions	NO		
an event reported in Section J1?	Date	Received	Aggregate Continutions			
x No X Cash Personal Check	09/	01/2017	\$100.00			\$100.00
If yes_list Event # Money Order Credit/Debit Card	1			ı		

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I MONETA DV DECEIDTS (C L A. D.									
L. MONETARY RECEIPT	5 (50	ection A-I)	T						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
rasidi		rubi			2333				
Residential Street Address	City			State	Zip Code				
24 Union St	City	Waterbury		CT	06706				
		Waterbury		CI	06706				
Principal Occupation		Name of Employ							
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Table 19 at 10 to	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No	00/	01/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	09/1	01/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Veseli		rasim			2334				
Residential Street Address	City			State	Zip Code				
43 Rosewood Ave		Waterbury		СТ	06706				
Principal Occupation		Name of Employ	er		!				
operator		lovaro							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		асренаен енна с	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Zash Personal Check	09/0	01/2017	\$100.00		\$100.00				
If yes, list Event #	,								
Last Name	First			MI	Contribution ID #				
	FIISt			IVII					
Duka		Adam			2335				
Residential Street Address	City			State	Zip Code				
219 Meriden Rd		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
pizza man		spiga							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	01/2017	\$100.00		\$100.00				
	l								
Last Name	First			MI	Contribution ID #				
Duka		Atli			2336				
Residential Street Address	City			State	Zip Code				
219 Meriden Rd	,	Waterbury		СТ	06705				
		· ·	or.	L	30703				
Principal Occupation		Name of Employ							
cook		spiaig							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child (of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]					
an event reported in Section J1?									
X No Cash Personal Check	09/	01/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	l 55,	,,	Ψ100.00	I	T = 00.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Shule		Anida			2337			
Residential Street Address	City			State	Zip Code			
82 Beebe St		Naugatuck		СТ	06770			
Principal Occupation		Name of Employ	er					
PCA		Grisw	old home care					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		перенает стпа с	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	09/	01/2017	\$100.00		\$100.00			
If yes, list Event #	03,	01, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Osmani		Elmira			1993			
Residential Street Address	City			State	Zip Code			
436 Sylvan Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er					
PCA			rbury Hospital					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/	01/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	01,201,	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
osmani		Bernard			1994			
Residential Street Address	City			State	Zip Code			
436 Sylvan Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er					
Nurse		Apple	Rehab					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna (x No					
government the contract is with: Is this contribution associated with Method of contribution:	D-4-	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/	01/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	01, 201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Talecci		Hysen			1995			
Residential Street Address	City			State	Zip Code			
436 Sylvan Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Legislative Legislative Method of contributions	D. /	Pagain-1						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	na/i	01/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A		-,201/	φ100.00		Ψ±00.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Talecci		Lumturije			1996				
Residential Street Address	City			State	Zip Code				
436 Sylvan Ave Principal Occupation	<u> </u>	Waterbury Name of Employe		СТ	06706				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amo	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child o	if a lobbyist?						
government the contract is with:	Б.	D : 1		_					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No X Cash Personal Check	09/	01/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A		,	•		•				
Last Name	First			MI	Contribution ID #				
Jones		Shahnar		М	2321				
Residential Street Address	City			State	Zip Code				
228 Chipper Rd Principal Occupation		Waterbury Name of Employe		СТ	06704				
Owner Operator			ell Construction Group						
			obbyist, spouse, or	Amo	unt of Contribution				
Yes X No	0	dependent child of	V	s					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	09/	01/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Karen	1 1150	Bob		K	2322				
Residential Street Address	City			State	Zip Code				
741 Savage St		Southington		СТ	06489				
Principal Occupation	-	Name of Employe	er	-	•				
Realator		Centu	ry 21 All points	_					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amo	unt of Contribution				
If yes, indicate which branch or branches of agovernment the contract is with:			x No						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	01/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Shule		Bentjola			2327				
Residential Street Address	City			State	Zip Code				
84 Beebe St		Naugatuck		СТ	06770				
Principal Occupation		Name of Employ							
Teacher			bury BOE						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Ye	S	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		- "	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	09/	01/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Shainoski		Sejfulah			2493		
Residential Street Address	City			State	Zip Code		
329 Schafts Dr		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er				
Picker		Bozzu					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	09/	01/2017	\$100.00		\$100.00		
If yes, list Event #	03/	01,201,	Ψ100.00				
Last Name	First			MI	Contribution ID #		
Vinca		Zulfiret			2546		
Residential Street Address	City			State	Zip Code		
38 Platt Dr		Prospect		СТ	06712		
Principal Occupation		Name of Employ	er	-	•		
Machinist		Carpi	n Mfg				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X Cash Personal Check		0.4 / 0.0.4 =			1100.00		
If yes, list Event # Money Order Credit/Debit Card	09/	01/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Vinca	1 1100	Ismail			2545		
Residential Street Address	City			State	Zip Code		
38 Platt Dr		Prospect		СТ			
Principal Occupation	•	Name of Employ	er				
Manager		Kitche	en 64				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Z Cash Personal Check							
If yes, list Event # No Money Order Credit/Debit Card	09/	03/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Arifi	1 1130	Valmira		1411	2303		
Residential Street Address	City			State	Zip Code		
39 Parklawn Dr		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er		1		
teacher		Gene	rali School				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a robbyist?				
government the contract is with: Executive Legislative			X No				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check	00.6	02/2017	#100.00		¢100.00		
If yes, list Event # Money Order Credit/Debit Card	09/	03/2017	\$100.00		\$100.00		

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I MONETADY DECEIDT	C (C.	ation A D					
I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u>	ection A-1)	TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Van Stone		Thomas			1854		
Residential Street Address	City			State	Zip Code		
234 Heritage Dr		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er				
Program Manager			sky Aircraft				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	<u> </u>				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	09/0	03/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Stark		Jason			1891		
Residential Street Address	City			State	Zip Code		
94 Forestview Dr	L	Wolcott		СТ	06716		
Principal Occupation		Name of Employ					
Policy Advisor			of Connecticut				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent enna c					
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in section 71?							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/0	05/2017	\$20.00		\$20.00		
				-	•		
Last Name	First			MI	Contribution ID #		
Redzepi		Guri			2304		
Residential Street Address	City			State	Zip Code		
166 Farmingberry Dr PO bOX 816		Marion		СТ	06444		
Principal Occupation		Name of Employ					
Owner			oc Diner				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No				
government the contract is with:							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Resonal Check	00.	25/2017	+100.00		+400.00		
If yes, list Event # Money Order Credit/Debit Card	09/0	05/2017	\$100.00		\$100.00		
				1			
Last Name	First			MI	Contribution ID #		
DeRocco	O.	Norine		a	2305		
Residential Street Address	City			State	Zip Code		
166 Farmingbury Dr PO Box 516		Marion		СТ	06444		
Principal Occupation		Name of Employ					
Owner -			oc Diner		nt of Contails of		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with:	Б. /	Daggiyy- 4		-			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check		DE /2017	±100.00		¢100.00		
If yes, list Event # No Money Order Credit/Debit Card	I ^{09/0}	05/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Qeriqi		Shaip			2318		
Residential Street Address	City			State	Zip Code		
59 Timberwood		Southington		СТ	06487		
Principal Occupation		Name of Employ					
Mason — — — —			Qerqi Masonry	A	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	05/2017	\$50.00		\$50.00		
I you, is a treat of the control of							
Last Name	First			MI	Contribution ID #		
Bytyqi		Adem			2319		
Residential Street Address	City	CI I		State	Zip Code		
180 Eastgate Dr Principal Occupation	<u> </u>	Cheshire	on.	СТ	06410		
worker		Name of Employ Devoi					
			11 14	Amor	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Yes Cash Personal Check							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	05/2017	\$50.00		\$50.00		
I noney order	<u> </u>			<u> </u>			
Last Name	First			MI	Contribution ID #		
Qerqi		Ari			2320		
Residential Street Address	City	Charbina		State	Zip Code		
149 E Gate Dr	<u> </u>	Cheshire Name of Employ	ou.	СТ	06410		
Principal Occupation Construction Worker		1 ,	Masonry				
			obbyist spouse or	Amou	ant of Contribution		
Yes A No	0	dependent child of					
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 11?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	05/2017	\$50.00		\$50.00		
Lad Norma	Einst				Contribution ID #		
Last Name Veseli	First	Uke		MI	Contribution ID #		
Residential Street Address	City	OKE		State	Zip Code		
42 Rosewood		Waterbury		CT	06706		
Principal Occupation		Name of Employ	er				
Machine Operator		Micro	best				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a robbyist?				
government the contract is with: Executive Legislative	-	D : 1	X No				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	007	05/2017	\$100.00		\$100.00		
If yes, list Event #	05/	00/201/	φ100.00	1	¥100.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Lala		Rigel				2584
Residential Street Address	City				State	Zip Code
58 Rosewood Ave Principal Occupation		Waterbury			СТ	06706
laborer		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?	100		
government the contract is with: Is this contribution associated with Method of contribution:	D-4-	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	09/	05/2017	\$100.00			\$100.00
Last Name Selmani	First	Violles			MI	Contribution ID # 2630
Residential Street Address	City	Vjollca		\dashv	State	Zip Code
166 Anderson Ave	City	Waterbury			CT	06708
Principal Occupation		Name of Employ	er		_	
Laborer		Macy'	s			
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	of a lobbyist?	100		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	09/	05/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Selmani		Abdul				2631
Residential Street Address	City			\neg	State	Zip Code
166 Anderson Ave		Waterbury			CT	06708
Principal Occupation		Name of Employe	er			
Delivery		Angel				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Yes Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	05/2017	\$100.00	\Box		\$100.00
Last Name	First				MI	Contribution ID #
Halim		Roxhers				2643
Residential Street Address	City				State	Zip Code
60 Plank Rd		Prospect			СТ	
Principal Occupation		Name of Employ				
Laborer Is contributor a principal of a state contractor or prospective state contractor?		Microl Is contributor a le	obbreigt anguag or	\neg	Amou	nt of Contribution
Yes X No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?						
If yes list Event # Cash Credit/Debit Card	09/	05/2017	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original								
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First				MI	Contribution ID #		
Shainoski		Ajko				2491		
Residential Street Address	City				State	Zip Code		
329 Schafts Dr		Waterbury			СТ	06705		
Principal Occupation Picker		Name of Employer Bozzu						
			obbyjet enouge or		Amou	nt of Contribution		
Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			х	No				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31? X Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	09/	05/2017	\$100.00			\$100.00		
Last Name	First				MI	Contribution ID #		
DeRocco	1 1130	Frank			1411	2510		
Residential Street Address	City				State	Zip Code		
36 Ferndale Ave		Waterbury			СТ	06708		
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	x					
government the contract is with: Executive Legislative	Б.	D : 1		No				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Zash Personal Check	09/	05/2017	\$50.00			\$50.00		
If yes, list Event #	03/	03,201,	430.00			430.00		
Last Name	First				MI	Contribution ID #		
Bregu		Ermal				2520		
Residential Street Address	City				State	Zip Code		
1102 Highland Ave		Waterbury			СТ	06208		
Principal Occupation		Name of Employ						
Mechanic		Microl			A	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or fa lobbyist?	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	09/	05/2017	\$100.00			\$100.00		
Last Name	First	1			MI	Contribution ID #		
Jimenez Residential Street Address	City	Jose			State	Zip Code		
97 Huber St	City	New Britain			CT	Zip Code		
Principal Occupation		Name of Employ	er					
Cashier		Macy'	s					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?					
government the contract is with:				No				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Personal Check	00/	05/2017	\$100.00			\$100.00		
If yes_list Event # Money Order Credit/Debit Card	l ^{09/}	02/201/	\$100.00			φ100.00		

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I, MONETARY RECEIPTS (Section A-I)							
	5 (5 (ection A-1)	TYPE OF PEROPE				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Kosmallari		Lisander			2528		
Residential Street Address	City			State	Zip Code		
58 Rosewood Ave		Waterbury		СТ			
Principal Occupation		Name of Employ	er	!			
Mechanic		Micro	best				
			obbyjet enouge or	Amou	unt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	3			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
x No Cash Personal Check	09/0	05/2017	\$100.00		\$100.00		
If yes, list Event #	- '						
Last Name	First			MI	Contribution ID #		
Myrtollari		Ismet			2328		
Residential Street Address	City	1311100		State	Zip Code		
55 Debbie Dr	City	Southington		CT	06489		
Principal Occupation		Name of Employ	on.	Ci	00489		
		1 7					
Machine Operator		Micro					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt of Contribution		
If yes, indicate which branch or branches of			· –				
government the contract is with:				4			
Is this contribution associated with A second reported in Section 112 Wethod of contribution: Yes	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	09/0	05/2017	\$100.00		\$100.00		
, , , , , , , , , , , , , , , , , , ,							
Last Name	First			MI	Contribution ID #		
Sinani		Resul			2330		
Residential Street Address	City			State	Zip Code		
432 Como Ave		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er	-	•		
Machine Operator		Micro	best				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution		
)	dependent child of	•	5			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
x No Cash Personal Check	09/0	05/2017	\$100.00		\$100.00		
If yes, list Event #		•			·		
Last Name	First			MI	Contribution ID #		
Redzepi		Artan			2411		
Residential Street Address	City	Artur		State	Zip Code		
166 Farmingberry Dr PO bOX 816	City	Marion		CT	06444		
			or.	Ci	00444		
Principal Occupation Name of Employer							
Student Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	Vac	Amou	unt of Contribution		
If yes, indicate which branch or branches of			x _{No}				
government the contract is with: Executive Legislative	لــا			4			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event #	09/0	05/2017	\$20.00		\$20.00		

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Name	I, MONETARY RECEIPTS (Section A-I)							
Substitution Subs		(TYPE OF REPORT				
Lack Name	Lumaj Explore October 10 Filing - Original							
Ended	B. Itemized Contributions from Individuals							
Price Pric	Last Name	First			MI	Contribution ID #		
Site	Lavieri		Richard			2314		
Name of Compution	Residential Street Address	City			State	Zip Code		
No. contributes a procepted a Sette contacturar or presentation of some content or setting and setti	51 Elm St		Winsted		СТ			
Securithetian a grancing of a static certination of prospective static certination Vis. No. No	Principal Occupation		Name of Employ	er	-	•		
Lightlative which branches or branches or commercial to contact in with. Yes Substitution Lightlative Lightlative Ves Substitution Ves Substitution Ves Substitution Ves Substitution Ves Substitution Ves Ves Substitution Ves	owner		AHorr	ney				
Executive Legislative Le	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	nt of Contribution		
Executive		,	dependent child of	of a lobbyist?				
are event appround in Section 317 Yes Section Personal Check Pers	Evecutive Legislative			x _{No}				
Bryen, last Event # Self-and Personal Check Money Order Credit Debit Cand Personal Check Self-and Countribution D # 2472 247	Is this contribution associated with Ves Method of contribution:	Date	Received	Aggregate Contributions				
Lank Name Selmani Se	an event reported in Section J1?							
An an Alame	× No □ □	09/	06/2017	\$10.00		\$10.00		
Selmani	If yes, list Event# Money Order Crediv Debit Card							
Residential Street Address	Last Name	First			MI	Contribution ID #		
State Contribution Personal Check Personal Che	Selmani		Mereme			2472		
House keeping But contributor a principal of a state contractor or prospective state contrac	Residential Street Address	City			State	Zip Code		
House Keeping Contributor a principal of a state contractor or prospective state contractor?	61 Wolcott St		Waterbury		СТ	06705		
If yes, indicate which branche or branches of secontinuous and personal contract as with. If yes, indicate which branch or branches of secontinuous and personal check is the contribution associated with an event reported in Section 11? If yes, list Event # Yes Method of contributions an event reported in Section 11? If yes, list Event # Yes Method of contributions an event reported in Section 11? If yes, list Event # Yes Method of contributions Yes Money Order Personal Check Og/O / 2017 \$100.00	Principal Occupation		Name of Employ	er		•		
Yes Security Sec	House keeping		Water	rbury Hospital				
If yes, indicate which branch or branches of Is Secontive	Is contributor a principal of a state contractor or prospective state contractor?			Vac	Amou	nt of Contribution		
Secontification associated with an event reported in Section 11? Cash Personal Check		,	dependent child of	of a lobbyist?				
## Cash Personal Check Og/oF/2017 \$100.00 \$100.00 \$100.00 \$100.00 Last Name Gjini Cash Mill Contribution ID # Credit/Debit Card Og/oF/2017 Size Mill Contribution ID # Contribution ID # Contribution ID # Contribution ascinated with an event reported in Section J1? Yes X No Gignial Size Address Cash Personal Check Og/oF/2017 Size Og/oF/2017 Og/oF/2017 Size Og/oF/2017	Evacutiva Lagislativa			x _{No}				
Last Name Gjini Residential Street Address Southbutor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of soverment the contract is with: Last Name Gjini Last Name Gjini Residential Street Address Southbutor a principal of a state contractor or prospective state contractor? To cedit/Debit Card Personal Check Cry Southbutor a principal of a state contractor or prospective state contractor? To cedit/Debit Card Personal Check Southbutor a principal of a state contractor or prospective state contractor? To cedit/Debit Card Personal Check Southbutor a principal of a state contractor or prospective state contractor? To cedit/Debit Card Personal Check Southbutor a principal of a state contractor or prospective state contractor? To cedit/Debit Card Personal Check Southbutor a principal of a state contractor or prospective state contractor? To cedit/Debit Card Personal Check South Medical Contributions To cedit/Debit Card	Vac	Date	Received	Aggregate Contributions				
East Name	an event reported in Section J1?							
Last Name Gjini Labinot Sinte Labinot Mil Contribution ID # 2473 Residential Street Address So Mead Ave Principal Occupation Electrician Legislative	X No T	09/	06/2017	\$100.00		\$100.00		
Residential Street Address 50 Mead Ave Ciry Fincipal Occupation Electrician Escoutive Legislative Legislati	in yes, list event #							
Residential Street Address 50 Mead Ave City	Last Name	First			MI	Contribution ID #		
Name of Employer Name of Em	Gjini		Labinot			2473		
Principal Occupation Electrician Saint Anthony's Saint Anthony's Saint Anthony's Saint Anthony's	Residential Street Address	City			State	Zip Code		
Saint Anthony's Saint Sain	50 Mead Ave		Greenwich		CT	06830		
If yes, indicate which branch or branches of government the contract is with: State Contribution associated with an event reported in Section J1? Yes X No Is contributor a lobbyist? Yes Yes No No No No No No No N	Principal Occupation		Name of Employ	er				
If yes, indicate which branch or branches of government the contract is with: Executive	Electrician		Saint	Anthony's				
If yes, indicate which branch or branches of government the contract is with: State	Is contributor a principal of a state contractor or prospective state contractor?)			Amou	nt of Contribution		
Security Legislative Legislative Legislative Date Received Aggregate Contributions Section J1? Yes X Cash Personal Check Personal Check No Money Order Credit/Debit Card Personal Check No Money Order Personal Check Principal Occupation Principal of a state contractor or prospective state on the contract is with: Security Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions	If yes, indicate which branch or branches of	-	dependent child of	or a robbyist:				
an event reported in Section J1? If yes, list Event # Cash	Evacutiva Lagislativa			X No				
Last Name Gjini Residential Street Address Finct Nuran Finct Nuran MI Contribution ID # 2474 Code State Zip Code Tode Tod	Vos	Date	Received	Aggregate Contributions				
If yes, list Event #	an event reported in Section 31?							
Last Name Gjini Residential Street Address City Greenwich To 06830 Principal Occupation FD Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? MI Contribution ID # 2474 Name of Employer Prime Healthcare of Southport Name of Employer Prime Healthcare of Southport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution dependent child of a lobbyist? Aggregate Contributions \$100.00\$	X No □ □	09/	06/2017	\$100.00		\$100.00		
Residential Street Address City State Zip Code Fon Mead Ave Principal Occupation FD Stontributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Name of Employer Prime Healthcare of Southport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Method of contribution: Personal Check O9/06/2017 S100.00 \$100.00 \$100.00								
Residential Street Address 50 Mead Ave City Greenwich Name of Employer Prime Healthcare of Southport Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Name of Employer Prime Healthcare of Southport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Amount of Contribution Aggregate Contributions \$\frac{x}{x} \text{No} \text{No} \text{09/06/2017} \$\frac{x}{x} \text{No} \text{09/06/2017} \$\frac{x}{x} \text{100.00} \$\frac{x}{x} \tex	Last Name	First			MI	Contribution ID #		
Fincipal Occupation FD Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Name of Employer Prime Healthcare of Southport	Gjini		Nuran			2474		
Principal Occupation FD Prime Healthcare of Southport Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Prime Healthcare of Southport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Ix No Amount of Contribution dependent child of a lobbyist? Ix No Personal Check O9/06/2017 \$100.00 \$100.00	Residential Street Address	City			State	Zip Code		
FD Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Prime Healthcare of Southport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Yes Amount of Contribution Legislative Date Received Aggregate Contributions \$\text{Amount of Contribution}\$ \$\text{Ves}\$ \$\text{No}\$ \$\text{Ves}\$ \$\text{Ves}\$ \$\text{Ves}\$ \$\text{Ves}\$ \$\text{Ves}\$ \$\text{Oash}\$ \$\text{Personal Check}\$ \$\text{O9/06/2017}\$ \$\text{\$\$\$100.00}\$ \$\$\$\$100.00	50 Mead Ave				СТ	06830		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is no lis contribution a lobbyist? Is no list contribution a lobbyist contribution a lo	Principal Occupation		Name of Employ	er				
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes X No No	FD		Prime	Healthcare of Southport				
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Date Received Aggregate Contributions X No Personal Check 09/06/2017 \$100.00	Is contributor a principal of a state contractor or prospective state contractor?)		Vac	Amou	int of Contribution		
government the contract is with: Is this contribution associated with an event reported in Section J1? No	If yes, indicate which branch or branches of		dependent child (of a foodyist?				
an event reported in Section J1? X Yes X Cash Personal Check 09/06/2017 \$100.00 \$100.00	government the contract is with:							
X No	V ₂₂	Date	Received	Aggregate Contributions				
△ No	an event reported in Section 31?							
		09/	06/2017	\$100.00		\$100.00		

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT				
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Bushi		Edona			2469		
Residential Street Address	City			State	Zip Code		
502 South St Apt A4		Bristol		СТ	06010		
Principal Occupation	-	Name of Employ	er		•		
student		stude	nt				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution		
	5	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00		
Noney Order Canada							
Last Name	First			MI	Contribution ID #		
Bushi		Kaltrina			2470		
Residential Street Address	City			State	Zip Code		
502 S Main St Apt A4		Bristol		СТ	06010		
Principal Occupation		Name of Employ	er				
student		stude	nt				
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	<u> </u>				
government the contract is with:			x _{No}				
Is this contribution associated with or expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? X Cash Personal Check							
If yes, list Event # Cash Credit/Debit Card	09/	06/2017	\$100.00		\$100.00		
					•		
Last Name	First			MI	Contribution ID #		
Capri		Gylshen			2495		
Residential Street Address	City			State	Zip Code		
229 Claxton Ave		Watertown		СТ	06795		
Principal Occupation		Name of Employ					
Teacher			e Collegiate School				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			X No				
government the contract is with:	D-4-	Received					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Zash Personal Check	ng/	06/2017	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	09/	00/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Capri	That	Besnick		1411	2496		
Residential Street Address	City	Desilick		State	Zip Code		
229 Claxton Ave	City	Watertown		CT	06795		
Principal Occupation		Name of Employ	er	C.	00733		
regional director		IHop					
			obbyist, spouse, or	Amou	nt of Contribution		
Yes X N	0	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?			55 -5				
X No Zash Personal Check	09/	06/2017	\$100.00		\$100.00		
If yes, list Event #	35/	,	Ψ200.00				

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	Firs	t		MI	Contribution ID #		
Selmani		Ferdi			2480		
Residential Street Address	City	7		State	Zip Code		
61 Wolcott St		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	ver				
Electrician		PJ Ele	ectric				
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}		lobbyist, spouse, or	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child	of a foodyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Method of contribution:	Dat	e Received	Aggregate Contributions				
an event reported in Section J1?	eck						
If yes, list Event # Cash Personal Che X No	Card 09	/06/2017	\$100.00		\$100.00		
Last Name	Firs			MI	Contribution ID #		
Selmani		Asim			2481		
Residential Street Address	City			State	Zip Code		
61 Wolcott St		Waterbury		СТ	06705		
Principal Occupation		Name of Employ					
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor? Yes	x No	Is contributor a legendent child	lobbyist, spouse, or Of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of							
government the contract is with: Executive Legislative	I B.	D : 1					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Dat	e Received	Aggregate Contributions				
Cash Personal Che		(06 (2017	#100.00		±100.00		
If yes, list Event # Money Order Credit/Debit	Card 09	/06/2017	\$100.00		\$100.00		
Last Name	Firs	•	•	MI	Contribution ID #		
Bushi	riis	Aferdita		IVII	2482		
Residential Street Address	Cit			State	Zip Code		
502 South St Apt A4	Cit.	Bristol		CT	06010		
Principal Occupation		Name of Employ	/er	C.	00010		
waitress			oc Diner				
		Is contributor a	lobbyist, spouse, or	Amou	nt of Contribution		
	x No	dependent child					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Dat	e Received	Aggregate Contributions				
an event reported in Section J1?	,						
× No	09	/06/2017	\$100.00		\$100.00		
If yes, list Event #	Card						
Last Name	Firs	t		MI	Contribution ID #		
Bushi		Besim			2485		
Residential Street Address	City	7		State	Zip Code		
245 Colonial Ave # 7B		Waterbury		CT	06704		
Principal Occupation		Name of Employ	ver				
student		stude	ent				
Is contributor a principal of a state contractor or prospective state contractor?	x _{No}		lobbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child	of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with A section 112 Yes Method of contribution:	Dat	e Received	Aggregate Contributions				
an event reported in section 31?	eck						
If yes, list Event # Cash Credit/Debit No Money Order Credit/Debit	Card 09	/06/2017	\$100.00		\$100.00		

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I, MONETARY RECEIPTS (Section A-I)							
	5 (5 (ection A-1)	TWINE OF DEPONT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Nuredin		Yagup			2647		
Residential Street Address	City			State	Zip Code		
145 Bunker HI		Watertown		СТ			
Principal Occupation		Name of Employ	er				
owner		pro Pa	ainters				
			obbyict chause or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No Cash Personal Check	09/0	06/2017	\$100.00		\$100.00		
If yes, list Event #			7-77-77				
Last Name	First			MI	Contribution ID #		
Tatar	1 1150	Vebi			2603		
Residential Street Address	City	VEDI		State	Zip Code		
	City	Watertown			06795		
145 Bunker Hill Rd	_			СТ	06795		
Principal Occupation		Name of Employ					
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent enna e					
government the contract is with: Executive Legislative							
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	09/0	06/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Simoes		Rosana			2587		
Residential Street Address	City			State	Zip Code		
221 Nichols Dr		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er	•	-		
Manager		Microl	best				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	*				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
x No Cash Personal Check	09/0	06/2017	\$100.00		\$100.00		
If yes, list Event #		•					
Last Name	First			MI	Contribution ID #		
Hysenllari		Adelina			2588		
Residential Street Address	City	Adeliild		State	Zip Code		
26 Midfield Dr # 23	City	Waterbury		CT	Zip Code		
		Waterbury	or	1 51			
Principal Occupation		Name of Employ					
Supervisor Microbest							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with: Executive Legislative	لــا			1			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event #	09/0	06/2017	\$100.00		\$100.00		

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Candelori		William			2311			
Residential Street Address	City			State	Zip Code			
25 Pierremount Ave		New Britain		СТ	06053			
Principal Occupation School Psycologist		Name of Employ Willia	^{er} m Candelori PHD					
			44 1 4	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Koleci	11130	Voltisa		IVII	2312			
Residential Street Address	City	10.0.00		State	Zip Code			
1160 W River St		Milford		СТ	06461			
Principal Occupation		Name of Employ	er		•			
Manager		_	ge Cigar and More LLC					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive Legislative Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	09/	06/2017	\$250.00		\$250.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
zhuta		femie			2372			
Residential Street Address	City			State	Zip Code			
92 Peacedale St	<u> </u>	Bristol		СТ	06010			
Principal Occupation home maker		Name of Employ none	er					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
nareau		Jennifer			2373			
Residential Street Address	City			State	Zip Code			
13 Gridley St		Bristol		СТ	06010			
Principal Occupation Name of Employer								
service writer		junko						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with an event proported in Section 112 X Yes Yes	Date	Received	Aggregate Contributions					
X Coch Personal Check								
If yes, list Event # 09162017A No Cash Personal Check No No Noney Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00			

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L MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name Ivani	First	Beldian		MI	Contribution ID #			
Residential Street Address	City	20.0.0.		State	Zip Code			
72 Greenview Dr		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er	-				
electrian		c + H	electric					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 09162017A No Cash X Personal Check Money Order Credit/Debit Card	09/0	06/2017	\$150.00		\$50.00			
in yes, list Event # O5102017A Infoncy Order In Credit Debit Call								
Last Name	First			MI	Contribution ID #			
zhuta	C'i	arben		Gr. 4	Zip Code			
Residential Street Address 92 Peacedale St	City	Bristol		State CT	2ip Code 06010			
Principal Occupation	Щ.	Name of Employ	er	CI	00010			
student		stude						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	00/	06/2017	±100.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	09/0	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
zhuta		jeton			2376			
Residential Street Address	City			State	Zip Code			
92 Peacedale St	<u> </u>	Bristol		СТ	06010			
Principal Occupation		Name of Employ						
student		stude	-	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obby ist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes X Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
zhuta		artim			2377			
Residential Street Address	City			State	Zip Code			
354 Windy Dr	L.,	Waterbury		СТ	06705			
Principal Occupation		Name of Employ						
pizza man		-	express	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes X Cash Personal Check								
X No Cash Personal Check	09/0	06/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TWINE OF DEPONE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
zhuta		mashir			2378				
Residential Street Address	City			State	Zip Code				
354 Windy Dr		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er	•	-				
pizza man		pizza	express						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/0	06/2017	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
zhuta		flutra			2379				
Residential Street Address	City	nacia		State	Zip Code				
354 Windy Dr	City	Waterbury		CT	06705				
Principal Occupation		Waterbury Name of Employ	24	Ci	00703				
cash register			express						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/0	06/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
ajdami		dirta			2380				
Residential Street Address	City			State	Zip Code				
225 Hewey St		Waterbury		СТ	06708				
Principal Occupation		Name of Employ	er	•	-				
mason		alex r	nason						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/0	06/2017	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
sadriu		gjyrafeta			2381				
Residential Street Address	City	gjyraicta		State	Zip Code				
54 Prospect St	City	Tornvillo		CT	06786				
		Terryville	or .	1 51	30700				
Principal Occupation		Name of Employ							
operator		mirco			nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	لــا			1					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event #	09/0	06/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
sadriu		sokol			2382				
Residential Street Address	City			State	Zip Code				
54 Prospect St		Terryville		СТ	06786				
Principal Occupation		Name of Employ	er	!					
operator		mirco	best						
			obbyict chause or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	09/	06/2017	\$100.00		\$100.00				
If yes, list Event #		,	7						
Last Name	First			MI	Contribution ID #				
ballarca	1 1100	engellyste		1111	2383				
Residential Street Address	City	engenyste		State	Zip Code				
323 Shraffts Dr	City	Mataubum			06705				
		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
cashier			a driver						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (·						
government the contract is with: Executive Legislative				_					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
bardhyl		agastra			2384				
Residential Street Address	City			State	Zip Code				
423 Long Meadow Rd		Middlebury		СТ	06762				
Principal Occupation		Name of Employ	er						
owner		europ	ean store						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?									
x No Cash Personal Check	09/	06/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
murtishi		dylber			2385				
Residential Street Address	City	-7.55		State	Zip Code				
20 Berry Ln		Prospect		CT	06712				
Principal Occupation		Name of Employ	er	ι ΄΄	1 30/12				
engineer		asml							
			obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc	Aillot	or contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad		-					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00.	06/2017	+100.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
bellanca		arben			2386			
Residential Street Address	City			State	Zip Code			
323 Schraffts Dr		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
owner		ballac	a direr					
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	09/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
sabani		besnik			2387			
Residential Street Address	City			State	Zip Code			
26 Midfield Dr		Waterbury		СТ	06705			
Principal Occupation		Name of Employ						
supervisor			foods					
Is contributor a principal of a state contractor or prospective state contractor? Yes X	No	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			·					
government the contract is with: Executive Legislative	l D.	D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	1,00,	06 (2017	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
shabani	riist	nazire		IVII	2388			
Residential Street Address	City	TIGZITE		State	Zip Code			
26 Midfield Dr	City	Waterbury		CT	06705			
Principal Occupation	1	Name of Employ	er	C.	00703			
retired		retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes 🔼 1	No	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	09/	06/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
sabani		suzana			2389			
Residential Street Address	City			State	Zip Code			
26 Midfield Dr		Waterbury		CT	06705			
Principal Occupation		Name of Employ	er					
cashier		webst	er bank					
Is contributor a principal of a state contractor or prospective state contractor?	No -		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112.	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
shabani		lulzime			2390				
Residential Street Address	City			State	Zip Code				
26 Midfield Dr		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
server		merid	en maner health						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent cinia (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	ng/i	06/2017	\$100.00		\$100.00				
If yes, list Event #	03/	00,2017	Ψ100.00						
Last Name	First			MI	Contribution ID #				
zhuta		lalezar			2391				
Residential Street Address	City			State	Zip Code				
92 Peacedale St		Bristol		СТ	06010				
Principal Occupation	•	Name of Employ	er	•	•				
barber		razors	s edge						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00				
				l	1				
Last Name	First			MI	Contribution ID #				
zhuta		diana			2392				
Residential Street Address	City	Wolcott		State CT	Zip Code 06716				
6 Winterbrook Rd Principal Occupation		Wolcott Name of Employ	or	CI	00710				
retired		retire							
			obbyist snouse or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	09/	06/2017	\$100.00		\$100.00				
I you, list Event " Event book Card				<u> </u>					
Last Name	First			MI	Contribution ID #				
zhuta		mendina			2393				
Residential Street Address	City			State	Zip Code				
92 Peacedale St	<u> </u>	Bristol		СТ	06010				
Principal Occupation		Name of Employ							
retired Is contributed a principal of a state contractor or prognessive state contractor?		retire	-11	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Late		300 30						
X No Cash Personal Check	09/	06/2017	\$100.00		\$100.00				
If yes, list Event #	1			I					

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The Committee Committee Committee Contribution Contribut	I. MONETARY RECEIPT	S (Se	ection A-D						
Second properties Seco				TYPE OF REPORT					
Part	Lumaj Explore			October 10 Filing - Original					
Part	B. Itemized Contributions from Individuals								
Procedure 106A Columbia Blud 106A Columbia Bl					MI	Contribution ID #			
1.06A Columbia Blod	Iljazi		altin			2394			
Name of Employer Name of Emp	Residential Street Address	City			State	Zip Code			
No centrolator a promopal of a state common for properties where branches of common for promoting in with provided a state common for common	106A Columbia Blvd		Waterbury		СТ	06710			
Security Control Con	Principal Occupation		Name of Employ	er	•				
Tyes, incloate which hanshe or branches of a coverage of section of a labely-sint yes	hvac		hart r	nechanical					
If you, factor which branche to branched or grouper or the cover reported in Section 117	Is contributor a principal of a state contractor or prospective state contractor?	o		Vac	Amou	int of Contribution			
An event depends a section of 17	If yes, indicate which branch or branches of		dependent child o						
Personal Check Mail	government the contract is with:								
Types, lite Event # No	Vac	Date	Received	Aggregate Contributions					
Last Name	Cash Personal Check	00/	06/2017	¢100.00		¢100.00			
Maio		09/0	06/2017	\$100.00		\$100.00			
Maio	Last Name	First			МІ	Contribution ID #			
Columbia Blvd		1 1150	Pdumb						
Name of Employ= Name of Employ=		City			State				
Principal Occupation	106 Columbia Blvd		Waterbury		СТ	Ī -			
So contributor a principal of a state contractor or prospective state contractor?	Principal Occupation			er		!			
Yes, indicate which branche or branches of six contributions associated with a second in Section 117	mason		kari c	ompany					
If yes, indicate which branch or branches of last contributions an event reported in Section J1? Lucia Sesidential Street Address Sa Mt View Dr Principal Occupation Mil Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Sa Mt View Dr Principal Occupation Mil Contribution ID # Sa Mt View Dr Principal Occupation Movement the contractor or prospective state contractor? Again and the contractor or prospective state contractor? Again and the contractor of Contribution an event reported in Section J1? Yes, indicate which branch or branches of last contractor or prospective state contractor? Again and the contractor of Contribution and Contractor of Contractor of Contractor of Contractor of Contractor	Is contributor a principal of a state contractor or prospective state contractor?			Voc	Amou	nt of Contribution			
Soverment the contract is with: Executive Legislative		5	dependent child of	of a lobbyist?					
an event reported in Section J1? Yes Yes No	Evacutiva Lagislativa			x _{No}					
Last Name Lucia Residential Street Address 82 Mt View Dr Principal Occupation Waltreess B contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract with I jazovski Residential Street Address B contributor as principal of a state contractor or prospective state contractor? Yes X No	Vac	Date	Received	Aggregate Contributions					
Last Name Lucia Residential Street Address By Multiple of a state contractor or prospective state contractor? If yes, indicate which branch or branches of an event reported in Section J1? Last Name Lucia Residential Street Address By Contributor a principal of a state contractor or prospective state contractor? Yes X No	an event reported in section 71?								
Last Name Lucia Residential Street Address 82 Mt View Dr Principal Occupation Waterbury Waterb	No I	09/0	06/2017	\$100.00		\$100.00			
Educidential Street Address Residential Street Address 82 Mt View Dr Principal Occupation Waterbury Waterbury Name of Employer Kitchen 64 Is contribution a spociated which branch or branches of government the contract its with: Legislative Name of Employer Yes X No No No No No No No		l			I				
Residential Street Address 82 Mt View Dr Name of Employer Name of		First							
State Stat		G'i	Bonnie						
Principal Occupation waitress Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contributor and in Section J1? Is the contributor and in Section J1? Is contributor and obbysist, spouse, or dependent child of a lobbysist? Is contributor and obbysist, spouse, or dependent child of an lobbysist, spouse, or dependent child of an lobbysist spouse, or dependent child of an lobbysist spouse, or dependent child		City	Waterbury			I -			
Scontributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes No No No No No No No N		<u>. </u>		or	Ci	00700			
If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, list is contribution associated with an event reported in Section J1? If yes, list Event # If yes, li									
If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is	T				Amou	ınt of Contribution			
Is this contribution associated with an event reported in Section J1? Last Name Last Name Last Name Lijjazovski Residential Street Address 106 Columbia Blvd Principal Occupation unemplyed Last contributor a principal of a state contractor or prospective state contractor or pro	Yes 🔼 No	0							
Is this contribution associated with an event reported in Section J1? If yes, list Event # Last Name Last Name Residential Street Address 106 Columbia Blvd Principal Occupation unemplyed Last Contribution associated which branch or branches of sovernment the contract is with: Is this contribution associated with an event reported in Section J1? Wethod of contribution: Personal Check O9/06/2017 Principal Occupation Yes Name of Employer Unemployed Principal Occupation If yes, indicate which branch or branches of sovernment the contract is with: Section J1? Wethod of contribution: Yes Method of contribution: Date Received O9/06/2017 Personal Check O9/06/2017 \$100.00 \$100.	The state of the s			x _{No}					
If yes, list Event #	Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
If yes, list Event #	an event reported in section 71?								
Last Name First	X No T	09/0	06/2017	\$100.00		\$100.00			
Iljazovski Residential Street Address Residential Street Address 106 Columbia Blvd Principal Occupation Unemplyed Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Activate in State in S	in you, me Droug or the Control of t								
Residential Street Address 106 Columbia Blvd Principal Occupation Unemplyed Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? City Waterbury Valent CT 06710 Name of Employer Unemployed Unemployed Unemployed Unemployed Valent	Last Name	First			MI	Contribution ID #			
Principal Occupation Unemplyed Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Name of Employer Unemployed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? No Amount of Contribution Aggregate Contributions Aggregate Contributions			axhi						
Principal Occupation unemplyed Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer unemployed Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? Is contribution a lobbyist? In yes Amount of Contribution Aggregate Contributions Aggregate Contributions		City				I -			
unemplyed Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? In contributor a lobbyis		L			СТ	06710			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Legislative Legislative Date Received Aggregate Contributions Date Received Aggregate Contributions				obbyigt groups or	Amou	unt of Contribution			
government the contract is with: Is this contribution associated with an event reported in Section J1? Executive Legislative Legislative Aggregate Contributions Date Received Aggregate Contributions	Yes X No	о		Voc	Amou	int of Contribution			
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions	Evacutiva I accidativa			x _{No}					
an event reported in Section J1?	government the contract is with:	Date	Received		1				
X No Cash Personal Check 00/06/2017 \$100.00 \$100.00	an event reported in Section J1?								
If yes list Event # Money Order Credit/Debit Card 5100.00 \$100.00	X No State	09/0	06/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
iljazi		besarta			2398				
Residential Street Address	City			State	Zip Code				
106 Columbia Blvd		Waterbury		СТ	06710				
Principal Occupation		Name of Employ							
retires Is contributor a principal of a state contractor or prospective state contractor?		retire	11.14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00				
				l	1				
Last Name	First			MI	Contribution ID #				
iljazovski	C't	minusa		Ct-t-	Zip Code				
Residential Street Address 106 Columbia Blvd	City	Waterbury		State CT	06710				
Principal Occupation		Waterbury Name of Employ	er	CI	00710				
housewife		none	Ci						
			obbyist, spouse, or Yes	Amou	ant of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00				
T. AV	Б			L	Louis B"				
Last Name bourgoin	First	jesse		MI	Contribution ID # 2400				
Residential Street Address	City			State	Zip Code				
175 Main St		Winsted		СТ	06098				
Principal Occupation		Name of Employ	er						
construction		shask	o ramadani						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Z Cash Personal Check	00.4	06/2017	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	09/	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
mcbreairty		sarah			2401				
Residential Street Address	City			State	Zip Code				
175 Main St		Winsted		СТ	06098				
Principal Occupation		Name of Employ	er	-	•				
waitstaff		shask	o ramadani						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		pem emid (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	received	Aggregate Contributions						
X No Cash Personal Check	09/	06/2017	\$100.00		\$100.00				
If yes, list Event #	l í		· ·	I					

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
hilton		john			2402				
Residential Street Address	City			State	Zip Code				
175 Main St		Winsted		СТ	06098				
Principal Occupation		Name of Employ	er						
manager		monre	oe muffler						
			abbyigt groups or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	09/	06/2017	\$100.00		\$100.00				
If yes, list Event #	057	00, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
snyder	1 1150	grocon			2403				
Residential Street Address	City	gresen		State					
	City	\\/_+			Zip Code				
34 Hungerford Ave		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		перениент сина с	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
zhuta		blerim			2404				
Residential Street Address	City			State	Zip Code				
6 Winterbrook Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er	•					
barber		razers	s edge						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Zash Personal Check	09/0	06/2017	\$100.00		\$100.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
zhuta		urime			2405				
Residential Street Address	City	diffic		State	Zip Code				
6 Winterbrook Rd	City	Wolcott		CT	06716				
	_		on.	<u> </u>	00710				
Principal Occupation		Name of Employ							
barber			s edge		unt of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative		n · ·		1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
x a n									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	06/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-D							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
shabani		Qani			2406				
Residential Street Address	City			State	Zip Code				
26 Midfield Dr		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er	-	•				
clerk		stop a	and shop						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		аеренает сппа с	·						
government the contract is with: Executive Legislative		D 1 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00/	06/2017	¢100.00		¢100.00				
If yes, list Event # Money Order	09/0	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
rago	1 1150	Fredda			2407				
Residential Street Address	City	Treduc		State	Zip Code				
28 Pasture Trl		Wethersfield		СТ	06109				
Principal Occupation	-	Name of Employ	er						
sales		reinha	art						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 71?									
If yes, list Event # Cash Credit/Debit Card	09/0	06/2017	\$30.00		\$30.00				
	l			l					
Last Name	First			MI	Contribution ID #				
Chaidres		Eduardo			2310				
Residential Street Address	City			State	Zip Code				
90 Kanes St Apt B-2	<u> </u>	West Hartfor		СТ	06119				
Principal Occupation Cook		Name of Employ	oc Diner						
T			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	o	dependent child of		111100	and of Commodulon				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Zash Personal Check	09/0	07/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Igbale		Mersini			2301				
Residential Street Address	City			State	Zip Code				
16 Colonial St	L.	Oakville		СТ	06779				
Principal Occupation		Name of Employ	er						
retired		retire		1					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		zependent ennu (x No						
government the contract is with:	D-4	Dagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	09/	07/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	Ι ΄΄΄	. ,	72000	I	,				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Mersini Mersini	FIISt	Alma		IVII	2302			
Residential Street Address	City			State	Zip Code			
16 Colonial St		Oakville		СТ	06779			
Principal Occupation		Name of Employ	er		!			
retired		retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Rersonal Check	00/	07/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
kaso		arben			1947			
Residential Street Address	City			State	Zip Code			
300 Jordon Ln		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er	•				
Custodian		Paner	a Bread					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
kaso	1 1130	Natasha		IVII	1948			
Residential Street Address	City	· racao.ra		State	Zip Code			
300 Jordon Ln		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Clerk		Marsh	nalls					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	00/	07/2017	\$100.00		¢100.00			
If yes, list Event # 09162017A	09/	07/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
kaso		klestan			1949			
Residential Street Address	City			State	Zip Code			
300 Jordon Ln		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er		•			
Cashier		The T	JX company					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		cinu (x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date							
No In Provide Code Code Code Code Code Code Code Co	09/	07/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	I			I				

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kaso		Erinda			1950				
Residential Street Address	City			State	Zip Code				
966 Silas Deane		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er						
Cashier		1 ,	ey Bread group						
			obbyjet enouge or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Method of contribution: X Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	00/	77/2017	¢100.00		¢100.00				
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	07/2017	\$100.00		\$100.00				
-		· · · · · · · · · · · · · · · · · · ·							
Last Name	First			MI	Contribution ID #				
Hutt		Stephen			1865				
Residential Street Address	City			State	Zip Code				
12 Roaring Brook Rd		Avon		СТ	06001				
Principal Occupation		Name of Employ	er						
Insurance		Pauso	n						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/0	07/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Sabovic	1 1150	Ismet			1866				
Residential Street Address	City	13/1/60		State	Zip Code				
50 Tanners Dr	City	Wilton		CT	06897				
				CI	00097				
Principal Occupation		Name of Employ							
Owner			Diamond Products						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with on expert separated in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/0	07/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
tyler		charles			1867				
Residential Street Address	City			State	Zip Code				
211 Cook St		Plainville		СТ					
Principal Occupation		Name of Employ	er	•					
auto tech		centra	al connecticut tire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	†					
an event reported in Section J1?		,	000 50111104110115						
x No Cash Personal Check	007	7/2017	¢100 00		¢100 00				
If yes, list Event # Money Order Credit/Debit Card	09/0	07/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Cyr		Alan		М	1868
Residential Street Address	City	DI : :II		State	Zip Code
67 Brace Ave Principal Occupation	L	Plainville Name of Employe	or.	СТ	06062
Service Manger			al connecticut tire		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peuine		Barbara			1869
Residential Street Address	City			State	Zip Code
11 Maple Ln		Avon		СТ	06001
Principal Occupation		Name of Employe	er	-	•
Director Public Relatios		Innov	ative Safety LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		асренает сппа о	x No)	
Is this contribution associated with Ves Method of contribution:	Date	Received	Aggregate Contributions	1	
x No	09/	07/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
England-Cirikovic		Janice			1870
Residential Street Address	City			State	Zip Code
66 Hollister Dr	<u> </u>	Avon		СТ	06001
Principal Occupation CO OWNER		Name of Employe			
		Cugin		Amou	unt of Contribution
Yes A No	0	dependent child o		s	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check No No Credit/Debit Card	09/	07/2017	\$100.00		\$100.00
<u> </u>					I
Last Name	First	Mawia		MI	Contribution ID #
Cirikovic Residential Street Address	City	Mario		State	1871 Zip Code
66 Hollister Dr	City	Avon		CT	06001
Principal Occupation		Name of Employe	er	1 3.	1 00001
Owner		Cugin			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo	obbyist, spouse, or f a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Credit/Debit Card	09/	07/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1	-	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pergjoni		George			1872
Residential Street Address	City	6 1 11		State	Zip Code
26 Willow St	<u> </u>	Cheshire		СТ	06910
Principal Occupation Jeweler		Name of Employe Pergjo	oni Jewlers		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?	10	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Dute	Received	riggregate Contributions		
If yes, list Event # X No X Cash Personal Check Noney Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Peterson	First	Andrew		IVII	1873
Residential Street Address	City	Andrew		State	Zip Code
20 Knollwood Rd		Farmington		СТ	06032
Principal Occupation	•	Name of Employe	er		!
Tech		centra	al connecticut tire		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child o	f a lobbyist?	No.	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Zenko		Suzana			1874
Residential Street Address	City			State	Zip Code
159 Southrd		Farmington		СТ	06032
Principal Occupation	-	Name of Employe	er	•	-
Lawyer		State	of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	/es Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x 1	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Credit/Debit Card Cash Ca	09/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
stolarz		Stefan		J	1875
Residential Street Address	City			State	Zip Code
134 Davenport Rd		West Hartford	d	СТ	06110
Principal Occupation		Name of Employe			
Attorney		-	an Stolarz		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	/es Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	X 1	10	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			55 6		
If yes list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gagnon		Ronald			1876				
Residential Street Address	City			State	Zip Code				
30 Norwood Rd		Burlington		СТ	06013				
Principal Occupation		Name of Employ	er						
Owner			al connecticut tire						
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	110001100	1 iggi egate contributions						
X No Cash X Personal Check	00/	07/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	03/	07/2017	\$100.00		\$100.00				
I and Name	First			MI	Contribution ID #				
Last Name	FIISt			IVII					
Schmidt		Nancy			1877				
Residential Street Address	City			State	Zip Code				
25 Alyssa Dr		Cheshire		СТ	06410				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
× No	09/	07/2017	\$50.00		\$50.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
Zottoli		Francine		С	1878				
Residential Street Address	City			State	Zip Code				
25 Alyssa Dr	City	Cheshire		CT	06410				
Principal Occupation		Name of Employ	ar .	<u> </u>	00410				
Retired		Retire							
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliou	unt of Contribution				
If yes, indicate which branch or branches of		•	x _{No}						
government the contract is with:	ъ.								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	09/	07/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
england		goerge			1879				
Residential Street Address	City			State	Zip Code				
44 Worthington Dr		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er		-				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			*						
X No Cash X Personal Check	09/	07/2017	\$50.00		\$50.00				
If yes, list Event # Money Order Credit/Debit Card	"	0,/201/	φου.υυ	I	430.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original						
Lumaj Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Carrier		Nancy		\longrightarrow	F	1880
Residential Street Address	City				State	Zip Code
39 Hunters Rdg Principal Occupation		Unionville Name of Employe	or.		СТ	06085
Loan Origintor			Mortgage			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			86 -6			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	09/	07/2017	\$100.00			\$100.00
Last Name	First			\neg	MI	Contribution ID #
Gagnon		Tina				1881
Residential Street Address	City				State	Zip Code
30 Norwood Rd		Burlington			СТ	06013
Principal Occupation		Name of Employe	er		,	
Owner		centra	I connecticut tire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		перепает стпа о	x	No		
Is this contribution associated with Is the contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No Cash X Personal Check	09/	07/2017	\$100.00			\$100.00
If yes, list Event #			·			-
Last Name	First				MI	Contribution ID #
Casson		Bernadette				2582
Residential Street Address	City				State	Zip Code
11 R Peach Orchard Rd		Prospect			СТ	06712
Principal Occupation Waitress		Name of Employe Kitche				
				, 	Amou	nt of Contribution
Yes A No)	dependent child o	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	07/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Polisi		Veton				2570
Residential Street Address	City				State	Zip Code
426 Davis St Apt 1		Oakville			СТ	06779
Principal Occupation		Name of Employe				
dishwasher		kitche	hbriet energe or		A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative				No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # Credit/Debit Card	09/	07/2017	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			October 10 Filing - Original Control of the Control			
Luniaj Explote						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Quituizaca		Manuel			E	2595
Residential Street Address	City				State	Zip Code
6 Carmen St		Waterbury Name of Employe			СТ	
Principal Occupation COOK		Kitche				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	1 ,,	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child o	f a lobbyist?			
government the contract is with:			х	No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	00/	07/2017	\$100.00			\$100.00
If yes, list Event #	03/	07/2017	\$100.00			ş100.00
Last Name	First				MI	Contribution ID #
Becirovic		Mirzet				2593
Residential Street Address	City				State	Zip Code
185 Newbury St		Hartford			СТ	
Principal Occupation		Name of Employe	er			
painter		Pro Pa				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
X No Zash Personal Check	09/	07/2017	\$100.00			\$100.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Iljazi		Liknida				2494
Residential Street Address	City				State	Zip Code
30 Gates Ave		Waterbury			СТ	06705
Principal Occupation student		Name of Employerstude				
				, 1	Amou	nt of Contribution
Yes 🔼 No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	07/2017	\$100.00			\$100.00
	Б	I) II	C (1 (ID)
Last Name Sadiku	First	Nuhi			MI	Contribution ID # 2506
Residential Street Address	City	Num			State	Zip Code
1996 Straits Tpke		Middlebury			CT	
Principal Occupation		Name of Employe	er			
Pizza maker		Sal's A	Apizza			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?			
government the contract is with:	Г.	<u> </u>		No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Zash Personal Check	09/	07/2017	\$100.00			\$100.00
If yes list Event # Money Order Credit/Debit Card	I '''	•	,	I		

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sadiku		Sherije			2507				
Residential Street Address	City			State	Zip Code				
1996 Straits Tpke		Middlebury		СТ					
Principal Occupation		Name of Employ	er		!				
Clerical		Wate	bury Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	09/	07/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Halimi		Mimoza			2518				
Residential Street Address	City	riiiioza		State	Zip Code				
60 Plank Rd	City	Procpost		CT	06712				
Principal Occupation		Prospect Name of Employ	or.	Ci	00712				
Laborer		Micro							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	07/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Carusillo		Carrie			2549				
Residential Street Address	City			State	Zip Code				
39 Hull St		Waterbury		CT	06706				
Principal Occupation		Name of Employ	er	-					
Laborer		Micro	best						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash Personal Check	09/	07/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Iljazi		Sali			2465				
Residential Street Address	City			State	Zip Code				
30 Gates Ave	City	Waterbury		CT	06705				
Principal Occupation		Name of Employ	or	<u> </u>	00703				
machinist		SI scr							
			obbyict chause or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Aiiiou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}						
government the contract is with:	Б.	D i d		ŀ					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x No Cash Personal Check		07/2017			+400.00				
If yes, list Event # Money Order Credit/Debit Card	09/	07/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Boria		Charleen			2443				
Residential Street Address	City			State	Zip Code				
601 Pine St		New Britain		СТ					
Principal Occupation		Name of Employ	er						
student		stude							
			obbyist spouse or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711100	ant of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
In this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions	•					
an event reported in Section J1?			1.00.10						
X No	na/i	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	03/	00/2017	\$100.00		\$100.00				
I and Name	Pit			LM	Contribution ID #				
Last Name	First			MI					
Faust		Melinda			2448				
Residential Street Address	City			State	Zip Code				
253 West St Unit T		Plantsville		СТ	06479				
Principal Occupation		Name of Employ	er						
Waitress		Goldn	oc Diner						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
× No	09/	08/2017	\$100.00		\$100.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
Bylyshi		Matilda			2449				
Residential Street Address	City			State	Zip Code				
5 Fox Run Rd	City	Farmington		CT	06085				
Principal Occupation		Name of Employ	ar .	<u> </u>	00003				
Teacher			ा l of Education						
				1					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Alliou	int of Contribution				
If yes, indicate which branch or branches of		1	x _{No}						
government the contract is with:	_								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bylyshi		Rezart			2450				
Residential Street Address	City			State	Zip Code				
5 Fox Run Rd		Unionville		СТ	06085				
Principal Occupation		Name of Employ	er						
Waiter		Goldr	oc Diner						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	I/	,	4200.00						

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore	October 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vinca		Bukurije			2540				
Residential Street Address	City			State	Zip Code				
8 Rek Ln	ļ.,	Prospect Name of Employe	ON .	СТ	06712				
Principal Occupation House Wife		House							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu o	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes R Cash Personal Check									
If yes, list Event #	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Vinca		Shukri			2544				
Residential Street Address	City			State	Zip Code				
8 Rek Ln		Prospect		СТ					
Principal Occupation		Name of Employe	er						
Cook			Colony Diner						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		aepenaent enna e	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Selmani		Saranda			2529				
Residential Street Address	City			State	Zip Code				
166 Anderson Ave	<u> </u>	Waterbury		СТ					
Principal Occupation		Name of Employ							
laborer		Microl							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:	l								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Carrasco		Melissa		м	2484				
Residential Street Address	City			State	Zip Code				
399 Zion St	<u> </u>	Hartford		СТ	06106				
Principal Occupation		Name of Employe							
Waitress			oc Diner						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	ls contributor a le dependent child o	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No X Cash Personal Check If yes, list Event # Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fetah		Zeni			2601				
Residential Street Address	City			State	Zip Code				
23 Bonai Ave		Waterbury		СТ					
Principal Occupation		Name of Employ	er	•					
painter		Fathe	r and Son Painting						
			obbyist, spouse, or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event #	03/	00, 201,	Ψ200.00						
Last Name	First			MI	Contribution ID #				
	1 1130	Silvann		1411	2602				
Koliqi Residential Street Address	City	Silvailii		State					
	City	0-1:!!			Zip Code				
273 Oakville Ave		Oakville		СТ					
Principal Occupation		Name of Employ							
painter			r and Son						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child (<u> </u>						
government the contract is with:			x _{No}	_					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	08/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Guraj		Nuredin			2591				
Residential Street Address	City			State	Zip Code				
145 Bunker Hill Rd		Watertown		СТ					
Principal Occupation		Name of Employ	er	•					
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Kurtic		Zijad			2561				
Residential Street Address	City	Zijaa		State	Zip Code				
187 Newbury St	City	Hartford		CT	Zip Code				
Principal Occupation		Name of Employ	or.	1 01	<u> </u>				
Picker		Bozzu			unt of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative				4					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	09/	08/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Nuredin		Demir			2562				
Residential Street Address	City			State	Zip Code				
260 French St		Watertown		CT	06795				
Principal Occupation		Name of Employ							
Owner			Painters						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	09/	08/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fetah		Gentih			2578				
Residential Street Address	City			State	Zip Code				
25 Bonair Ave	<u> </u>	Waterbury Name of Employ	on.	СТ	06710				
Principal Occupation owner			r and Son paint						
			obbyict chause or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
	<u> </u>				•				
Last Name	First			MI	Contribution ID #				
Fetah	a:	Jonlida		a	2579				
Residential Street Address 25 Bonair Ave	City	Waterbury		State CT	Zip Code				
Principal Occupation	<u> </u>	Waterbury Name of Employ	er	Ci					
student		stude							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Fetah	11130	Tatjana		IVII	2580				
Residential Street Address	City			State	Zip Code				
25 Bonair Ave		Waterbury		СТ					
Principal Occupation	•	Name of Employ	er	-					
waitress		Kitche	en 64						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order	1	,	¥200.00		,				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original					
Lumaj Explore					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Haferi		Marineda			1997
Residential Street Address	City			State	Zip Code
57 Rosewood Ave Principal Occupation		Waterbury Name of Employe	or .	СТ	06706
Technican		Microl			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	amount of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	09/0	08/2017	\$100.00		\$100.00
If yes, list Event # 09162017A					
Last Name	First			MI	Contribution ID #
Oltjana Residential Street Address	City	Molishtari		Ct-t-	1998 Zip Code
170 Rosewood Ave	City	Waterbury		State CT	06706
Principal Occupation		Name of Employe	er		00700
operator		mirco			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or	Yes	mount of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative		D : 1		No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	09/0	08/2017	\$100.00		\$100.00
If yes, list Event # 09162017A	03/	00,201,	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Gjergji		Qose			1999
Residential Street Address	City			State	Zip Code
43 Tucker Ave		Oakville		СТ	06779
Principal Occupation Packer		Name of Employer buzzu			
					amount of Contribution
Yes A No)	dependent child of		Yes	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Basha		Suela			2000
Residential Street Address	City			State	Zip Code
43 Rosewood Ave		Waterbury		СТ	06706
Principal Occupation		Name of Employ	er		
mom		None			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	amount of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No	
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			20 0		
If yes list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
strumi		Leart			2001			
Residential Street Address	City			State	Zip Code			
6 Woodward Dr	ĺ	Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Engineer		Comp	uter tech IIc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
□ No □	09/0	08/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
strumi		Tefta			2002			
Residential Street Address	City			State	Zip Code			
6 Woodward Dr		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?					
government the contract is with:			x No					
Is this contribution associated with A yes We thought one of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Strumi		Muhamed			2003			
Residential Street Address	City			State	Zip Code			
6 Woodward Dr		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	00/	08/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/1	00/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
strumi	1 1150	mandela			2004			
Residential Street Address	City	manacia		State	Zip Code			
6 Woodward Dr		Wolcott		CT	06716			
Principal Occupation		Name of Employ	er					
Teacher			school					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with A social properties of the contribution is contribution in the contribution is contribution in the contribution in the contribution is contribution in the contribution	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I sympon nunon		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
strumi		Roland			2005
Residential Street Address	City	14/-1		State	Zip Code
6 Woodward Dr Principal Occupation		Wolcott Name of Employe	or .	СТ	06716
Supervisor			ey Black and decker		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amount of Contribution
If yes, indicate which branch or branches of		dependent child of	a todoyist?	No	
government the contract is with:	Date	Received	Aggregate Contributions	NO	
an event reported in Section J1?	Date	received	Aggregate Controllions		
If yes, list Event # 09162017A X Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Elezi	First	Fuat		IVII	2006
Residential Street Address	City	T dut		State	Zip Code
101 Hitchcock Rd		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amount of Contribution
If yes, indicate which branch or branches of		dependent child o	a todoyist?	No	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Elezi		EVA			2007
Residential Street Address	City			State	Zip Code
101 Hitchcock Rd		Waterbury		СТ	06705
Principal Occupation		Name of Employ			
Medical Assistant			bury clinic obbyist, spouse, or		A
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	* ' * '	Yes	Amount of Contribution
If yes, indicate which branch or branches of government the contract is with:			х	No	
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Cash Personal Check No No Personal Check Personal Check	09/	08/2017	\$100.00		\$100.00
If yes, list Event # 09162017A	03/	00/2017	¥100.00		
Last Name	First			MI	Contribution ID#
Zogu		Fatjon			2008
Residential Street Address	City			State	Zip Code
119 Angle Dr		Waterbury		СТ	06708
Principal Occupation		Name of Employ			
Painter Is contributor a principal of a state contractor or prospective state contractor? Yes X No.			obbyist, spouse, or	Yes	Amount of Contribution
If yes, indicate which branch or branches of	,	dependent child of	i a loodyist?		
government the contract is with:			x	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Resonal Check	ر مر	08/2017	\$100.00		\$100.00
If yes, list Event # 09162017A Money Order Credit/Debit Card	I 33/	,,	Ψ100.00	1	Ψ100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
elezi		resul			2009			
Residential Street Address	City			State	Zip Code			
101 Hitchcock Rd		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
owner			construction					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Sash Personal Check	09/	08/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	05/	00/2017	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Cela		Kriselda			2010			
Residential Street Address	City			State	Zip Code			
10 Corrine Dr		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er					
Housekeeping		Hawtl	norne Suites	_				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u> </u>					
government the contract is with: Executive Legislative	_		X No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	00/	00/2017	¢100.00		¢100.00			
If yes, list Event # 09162017A	09/	08/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
cela		tefta			2011			
Residential Street Address	City			State	Zip Code			
10 Corrine Dr		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er					
Cleaning		Celas	masonry					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Executive Legislative	- D -	D : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Sash Personal Check	09/	08/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	00/2017	Ψ100.00					
Last Name	First			MI	Contribution ID #			
cela		Eliverto			2012			
Residential Street Address	City			State	Zip Code			
30 Talmadge Hill Rd		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er	•	•			
Machine Operator		Micro	best					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with: Executive Legislative Legislative	Г.	D : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	00/	08/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	09/	00/201/	\$100.00		φ100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
kaso		eralp			1951				
Residential Street Address	City			State	Zip Code				
966 Silas Deane		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er						
Customer Service Is contributor a principal of a state contractor or prospective state contractor?		UPS	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aillot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Morina		Leutrim		_	1952				
Residential Street Address	City			State	Zip Code				
22 Gary St Principal Occupation	<u> </u>	Hartford	or.	СТ	06105				
Driver		Name of Employ	er Trucking inc						
			obbyjet enouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
U No I ☐ · · · · · · · · · · · · · · · · · ·	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Morina		Mentor			1953				
Residential Street Address	City			State	Zip Code				
119 Westlook Rd		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ							
Customer Service			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 09162017A No SX Cash Personal Check Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event # U5102017A Infoncy Order In Credit Debit Card									
Last Name	First			MI	Contribution ID #				
Selimaj		ardita			1954				
Residential Street Address	City	Ellia atau		State	Zip Code				
19 Esther Ave		Ellington	or.	СТ	06029				
Principal Occupation cashier		Name of Employ	and Shop						
			-1.1	Amou	unt of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1					
X Cook Personal Check									
If yes, list Event # 09162017A Solution If yes	09/0	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First	111144415		MI	Contribution ID #				
Selimaj	FIISt	Isat		WII	1955				
Residential Street Address	City			State	Zip Code				
19 Esther Ave	,	Ellington		СТ	06029				
Principal Occupation		Name of Employ	er	•					
Cook New England Pizza Restaruant									
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent chira (x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Risto		Косо			1956				
Residential Street Address	City			State	Zip Code				
36 Carpentier Dr		East Hartford	İ	СТ	06118				
Principal Occupation		Name of Employ							
Clerk			as W Raftery	,					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	_					
an event reported in Section J1?	Date	received	riggiogate Contributions						
No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A			7						
Last Name	First			MI	Contribution ID #				
risto		Nesti			1957				
Residential Street Address	City			State	Zip Code				
36 Carpentier Dr		East Hartford	1	СТ	06118				
Principal Occupation		Name of Employ	er						
manager			and Shop	,					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	_					
an event reported in Section J1?			1.66.46						
If yes, list Event # 09162017A	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
risto	1 1130	Sonila		1411	1958				
Residential Street Address	City			State	Zip Code				
36 Carpentier Dr		East Hartford	i	СТ	06118				
Principal Occupation		Name of Employ	er	•	•				
Cashier		Stop	and Shop						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			- 55 0						
If yes, list Event # 09162017A	09/	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First	111144415		MI	Contribution ID #				
risto	FIISt	Malina		IVII	1959				
Residential Street Address	City			State	Zip Code				
36 Carpentier Dr		East Hartford	I	СТ	06118				
Principal Occupation		Name of Employ	er						
cashier		Stop	and Shop						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Resonal Check		00/004=							
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
					G . 7				
Last Name	First			MI	Contribution ID #				
Macolli	O.	Virxhil		a	1960				
Residential Street Address	City			State	Zip Code				
16 Mary Dr		Manchester		СТ	06042				
Principal Occupation		Name of Employ							
Assembly			onn Merchants						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		1	x _{No}						
government the contract is with: Executive Legislative Muthologous Particular Contributions Muthologous Particular Contributions Executive Legislative	D-4-	D i 4							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	00.4	00/2017	+400.00		+100.00				
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Macolli		Zhuljeta			1961				
Residential Street Address	City	. ,		State	Zip Code				
16 Mary Dr		Manchester		СТ	06042				
Principal Occupation		Name of Employ	er						
assembly		HG Co	onn Merchants						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a superstant of the superstan	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 09162017A No	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
macolli	FIISt	Suela		IVII	1962				
Residential Street Address	City	Suela		State	Zip Code				
16 Mary Dr	City	Manchester		CT	06042				
Principal Occupation		Name of Employ	or	<u> </u>	00042				
custodian			ord Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions]					
All event reported in Section 31:									
If yes, list Event # 09162017A	09/	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Haxhi		Elis			1963				
Residential Street Address	City	-		State	Zip Code				
39 Norman Dr	ĺ	Glastonbury		СТ	06033				
Principal Occupation		Name of Employ	er						
Cashier Jimmier Pizza Restaruant									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
□ No □ □	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Koni		Aida			1964				
Residential Street Address	City			State	Zip Code				
19 Tinsmith Xing		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er	-	•				
APRN		Contr	ino + Erol LLC						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00				
<u> </u>					-				
Last Name	First			MI	Contribution ID #				
koni		Lubio			1965				
Residential Street Address	City			State	Zip Code				
19 Tinsmith Xing		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er						
Customer Service		Marsh							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Service Ser	00,	00/2017	#100.00		+100.00				
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
koni	FIISt	ildi		IVII	1966				
Residential Street Address	City	iiui		State	Zip Code				
19 Tinsmith Xing	City	Newington		CT	06109				
Principal Occupation		Name of Employ	er	L C '	00103				
Cashier			Pharmacy						
			obbyist, spouse, or	Amor	unt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			•						
No X Cash Personal Check	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	I			I					

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Duro		Enri			1967
Residential Street Address	City			State	Zip Code
23 Wright Rd	L,	Rocky Hill		СТ	06067
Principal Occupation		Name of Employ			
driver		Coca			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 09162017A No Sash Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00
				l	1
Last Name	First			MI	Contribution ID #
duro	C'i	Estelo		Gr. r	1968
Residential Street Address	City	Doclar Hill		State CT	Zip Code 06067
23 Wright Rd Principal Occupation	L	Rocky Hill Name of Employ	er	CI	00007
cleaning			e sex Hospital		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
	0	dependent child of	obbyist, spouse, or Yes of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions		
X Cosh Personal Check					
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00
	I			l	La .a
Last Name Ndoci	First	Charac		MI	Contribution ID # 1969
Residential Street Address	City	Shpres		State	Zip Code
512 Hazard Ave	City	Enfield		CT	06082
Principal Occupation		Name of Employ	er	1 9.	00002
Student		Stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	U	dependent child of	<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X Cook Powered Charle	20.4	00/004=	4400.00		
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ndoci	First	Teuta		IVII	1970
Residential Street Address	City	reata		State	Zip Code
512 Hazard Ave		Enfield		СТ	06082
Principal Occupation	•	Name of Employ	er		
Manager		Lenol	o Plumbing		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No No Personal Check	00.4	00/2017	#100.00		¢100.00
If yes list Event # 09162017A No Money Order Credit/Debit Card	1 09/0	08/2017	\$100.00	l	\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore	October 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
ndoci		Piro			1971				
Residential Street Address	City			State	Zip Code				
512 Hazard Ave	<u> </u>	Enfield		СТ	06082				
Principal Occupation Ower		Name of Employ	er o Plumbing						
				Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ndoci	FIISt	Olga		IVII	1972				
Residential Street Address	City	Oiga		State	Zip Code				
512 Hazard Ave		Enfield		СТ	06082				
Principal Occupation		Name of Employ	er						
plumber		Londo	Plumbing						
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Z Cash Personal Check	00/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	09/	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Koni		Ilirjan			1916				
Residential Street Address	City			State	Zip Code				
19 Tinsmith Xing		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ							
Tech			rent Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 09162017A No No Sash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Macolli Desidential Secret Address	City	Ilir		Ct-t-	1917				
Residential Street Address 16 Mary Dr	City	Manchester		State CT	Zip Code 06042				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00012				
Tech			: Diagnostics						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
— IXI Code I Promoted Charles	00.	00/2017	#100.00		¢100.00				
If yes, list Event # 09162017A Solution If yes, list Event # 09162017A Solution If yes, list Event # 09162017A	09/	08/2017	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dyrmishi		Dorela			1918				
Residential Street Address	City			State	Zip Code				
10 George St	<u> </u>	Hartford		СТ	06114				
Principal Occupation		Name of Employ Kolhs	er						
Cashier Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Voc	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
L AV	F: .			L	Louis B"				
Last Name Dyrmishi	First	Ermando		MI	Contribution ID #				
Residential Street Address	City	Ellianuo		State	Zip Code				
10 George St	,	Hartford		СТ	06114				
Principal Occupation		Name of Employ	er						
Climicion		Comn	nunity Service Institute						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	00.4	00/2017	±100.00		±100.00				
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Nito		Rajmonda			1920				
Residential Street Address	City			State	Zip Code				
29 Gloucester Ct		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
Clerk			and Shop						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		i	x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 09162017A No S Cash Personal Check Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
in yes, list event # 09102017A									
Last Name	First			MI	Contribution ID #				
Nito		Xhoxhi			1921				
Residential Street Address	City	Nowington		State	Zip Code				
29 Gloucester Ct Principal Occupation		Newington Name of Employ	or	СТ	06111				
Custodian			and Shop						
Is contributor a principal of a state contractor or prospective state contractor?			.1.1	Amou	unt of Contribution				
	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 09162017A Solution If yes	09/	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bulli		Raymond			1927				
Residential Street Address	City			State	Zip Code				
15 Romar Dr		East Hartford	1	СТ	06118				
Principal Occupation		Name of Employ	er						
Electrician		Becor	1 Ince						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Resonal Check	00.4	00/2017	+100.00		+100.00				
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00				
LadNama	First			MI	Contribution ID #				
Last Name	FIISt	Malinda		IVII	1928				
Bulli Residential Street Address	City	Malinda		State	Zip Code				
15 Roman Dr	City	East Hartford	1	CT	06118				
Principal Occupation		Name of Employ		CI	00116				
Custodian			Hospitality						
			obbyjet enouge or	Amor	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No X Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A			·						
Last Name	First			MI	Contribution ID #				
Bulli		Ola			1929				
Residential Street Address	City			State	Zip Code				
15 Romar Dr		East Haven		СТ	06118				
Principal Occupation		Name of Employ	er						
Supervisor		CVS F	Pharmacy						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
N Cook Powerpol Chook									
If yes, list Event # 09162017A	09/	08/2017	\$100.00		\$100.00				
				1.0	La .a . m.				
Last Name	First	Vuiatina		MI	Contribution ID #				
Noka	City	Kristina		Ct-t-	1930				
Residential Street Address 38 Faith Rd	City	Nowington		State	Zip Code 06111				
Principal Occupation		Newington Name of Employ	or	CI	00111				
Supervisor		Walgr							
			obbyjet enouse or	Amor	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711100					
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No X Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A				1					

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Noka		Viktore			1931				
Residential Street Address	City			State	Zip Code				
38 Faith Rd		Newington		СТ	06119				
Principal Occupation		Name of Employ	er						
cashier		Stop a	and Shop						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
□ No □	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event# 09162017A									
Last Name	First			MI	Contribution ID #				
Dojce		Anjela			1932				
Residential Street Address	City			State	Zip Code				
15 Jay St		East Hartford	1	СТ	06118				
Principal Occupation		Name of Employ	er						
Assistant Nurse		Hartfo	ord Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?						
government the contract is with:			x No						
Is this contribution associated with A yes We would be seen in 112.	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/0	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dojce		Kristina			1933				
Residential Street Address	City			State	Zip Code				
15 Jay St	ļ	East Hartford		СТ	06118				
Principal Occupation		Name of Employ							
cleaning			Hospitality						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:		D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	00/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	09/1	06/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dojce	1 1130	Dhimitrag		IVII	1934				
Residential Street Address	City	Dillilliting		State	Zip Code				
15 Jay St	City	East Hartford	I	CT	06118				
Principal Occupation	-	Name of Employ			00110				
Cook			ny Pie Factory						
			abbreigt anguag or	Amou	nt of Contribution				
)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
dojce	1 1130	renaldo		IVII	1935				
Residential Street Address	City	Terialdo		State	Zip Code				
15 Jay St	City	East Hartford	1	CT	06118				
Principal Occupation		Name of Employ		Ci	00110				
Engineer			tol Sundstrad corp						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111100	and of Commodition				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
No Cash Personal Check	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Dojce		Gjergji			1936				
Residential Street Address	City			State	Zip Code				
15 Jay St		East Hartford	i	СТ	06118				
Principal Occupation		Name of Employ	er	•					
Pharmacy Tech		walgr	eens						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
U No T	09/0	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A				ļ					
Last Name	First			MI	Contribution ID #				
Bello		Linca			1937				
Residential Street Address	City			State	Zip Code				
130 Mill St		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er	-	-				
Labor		The M	lackenzie COmpany						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We want reported in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00				
					I				
Last Name	First			MI	Contribution ID #				
Bello		Rronje			1938				
Residential Street Address	City			State	Zip Code				
130 Mill St		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ							
Customer Service		Marsh							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date		1.58108ate Contributions						
No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A Money Order Credit/Debit Card	""	00/201/	φ100.00	1	¥100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bello		Elona			1939
Residential Street Address	City			State	Zip Code
130 Mill St		Wethersfield		СТ	06109
Principal Occupation		Name of Employ			
Cashier		Marsh			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
bello	G'i	Luan		Gr. i	1940
Residential Street Address	City	Mathauafiald		State	Zip Code
130 Mill St Principal Occupation		Wethersfield Name of Employ	or	СТ	06109
Driver			ban Transport		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 09162017A	09/0	08/2017	\$100.00		\$100.00
	E: .			L	G (3 (D)
Last Name	First	Nazrnie		MI	Contribution ID # 1941
begiraj Residential Street Address	City	Nazime		State	Zip Code
169 South St	City	Hartford		CT	06114
Principal Occupation		Name of Employ	er	<u> </u>	
baby sitter		day d	ream day care		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 09162017A Cash Personal Check No	09/0	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Begiraj	FIISt	Baki		IVII	1942
Residential Street Address	City	Duki		State	Zip Code
169 South St		Hartford		CT	06114
Principal Occupation		Name of Employ	er	!	
Driver		Baki I	Home Improvements		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
x Cash Personal Check		00/2017	1100 00		±100.00
If yes, list Event # 09162017A No Money Order Credit/Debit Card	l ^{09/0}	08/2017	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dako		Majlinda			1943				
Residential Street Address	City			State	Zip Code				
73 Faith Rd		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
Cooks			ngton School Catering						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			86 .8						
No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A			•						
Last Name	First			MI	Contribution ID #				
dako		elton			1944				
Residential Street Address	City			State	Zip Code				
73 Faith Rd		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
Customer Service			ouy stores						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with Method of contribution:	D-4-	Received							
an event reported in Section J1? Method of contribution: X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Rash Personal Check	ng/i	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	03/	00/2017	Ψ100.00						
Last Name	First			MI	Contribution ID #				
dako		shaqir			1945				
Residential Street Address	City			State	Zip Code				
73 Faith Rd		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
dishwasher		Elains	Restaruant						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	03/	00,2017	¥100.00						
Last Name	First			MI	Contribution ID #				
dako		fatime			1946				
Residential Street Address	City			State	Zip Code				
73 Faith Rd		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
Assembly		Norpa	ico Inc		_				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	09/	08/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	1	,	¥200.00	I	, ,				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bejleri		Sulejman			1861			
Residential Street Address	City			State	Zip Code			
8 Silver Pond Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er	-	-			
Machine Operator		Shelo	hen Preasion					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	00.	00/2017	+00.00		±60.00			
If yes, list Event # Money Order Credit/Debit Card	09/	08/2017	\$60.00		\$60.00			
Last Name	First			MI	Contribution ID #			
Besnile	First	Shohcli		IVII	1862			
Residential Street Address	City	Silondi		State	Zip Code			
126 Knollwood Dr	City	Wolcott		CT	06716			
Principal Occupation		Name of Employ	er	CI	00/10			
Owner			le Shohlli LLC					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes X Cash Personal Check								
X No T	09/	08/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
gjyli		Ali			1863			
Residential Street Address	City			State	Zip Code			
194 Herchel Ave		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	00.	00/2017	±100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	08/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ajro	11130	Festim		1411	2290			
Residential Street Address	City	T COUIT		State	Zip Code			
150 Central Ave		Torrington		CT	06790			
Principal Occupation		Name of Employ	er					
laborer			Pizza					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	09/	09/2017	\$20.00		\$20.00			
induction in the state of the s	l							

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT October 10 Filing - Original		
Luniaj Explore					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Isaku		Azmi			2292
Residential Street Address	City			State	Zip Code
20 Anesa Ave	<u> </u>	Waterbury Name of Employe		СТ	06704
Principal Occupation Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	_	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$30.00		\$30.00
Last Name	First	· · · · · · · · · · · · · · · · · · ·		MI	Contribution ID #
Last Name Isaku	FIISt	Resul		IVII	2293
Residential Street Address	City	Resul		State	Zip Code
110 Tosun Rd		Waterbury		СТ	06716
Principal Occupation		Name of Employe	er	-	!
Owner		Street	Style		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of	J	dependent child o	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
Isaku		Fatime			2294
Residential Street Address	City			State	Zip Code
20 Anesa Ave		Waterbury		СТ	06704
Principal Occupation		Name of Employe	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$30.00	\perp	\$30.00
Last Name	First			MI	Contribution ID #
Isaku		Leunora			2295
Residential Street Address	City			State	Zip Code
110 Wolcott St		Wolcott		СТ	06176
Principal Occupation		Name of Employe			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amoi	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	09/	09/2017	\$30.00		\$30.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kurti		Ilmih			2296				
Residential Street Address	City			State	Zip Code				
27 Hopewell Dr		Brewster		NY	10509				
Principal Occupation		Name of Employ	er						
Owner		Eagle	Windows						
			abbyist spaysa or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No	09/	09/2017	\$40.00		\$40.00				
If yes, list Event #			4		T				
Last Name	First			MI	Contribution ID #				
Beketeshi	1 1100	Flaka			2297				
Residential Street Address	City	Tiaka		State	Zip Code				
	City	Danhumi			06810				
1 Tamarack Ave Apt 12		Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Life Skills Instructor			Beyond						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$50.00		\$50.00				
,									
Last Name	First			MI	Contribution ID #				
Dushi		Gentian			2298				
Residential Street Address	City			State	Zip Code				
10 Weldon Woods Rd		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er	-					
Owner		Alda \	Windows and Doors						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Zash Personal Check	09/	09/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Choku		Nafi			2299				
Residential Street Address	City			State	Zip Code				
207 Concord Dr		Watertown		CT	06795				
Principal Occupation		Name of Employ	er	L ~ .	1 307,55				
worker			ot Bagles						
			abbreigt anguag ar	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	or contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	D-4	Dagaiyad		ŀ					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	00.	00/2017	+50.00		+ F0.00				
If yes, list Event # Money Order Credit/Debit Card	09/	09/2017	\$50.00		\$50.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Uselu		Selman			2300				
Residential Street Address	City			State	Zip Code				
96 Dublin HI		Southbury		СТ	06488				
Principal Occupation		Name of Employ							
Owner — — — —			Masonry	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00				
I you, is a treat of the control of									
Last Name	First			MI	Contribution ID #				
Ismaili		Agron			2313				
Residential Street Address	City			State	Zip Code				
39 Macbean Dr		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?			Pharmacy obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 111100	an of controunon				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Regresonal Check									
X No	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Etemi		Islam			2306				
Residential Street Address	City			State	Zip Code				
34 Hungerford Ave		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
Laborer			Construction	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	V	Alliou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No I Substitute entert	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Ibrahimi		Agim			2307				
Residential Street Address	City			State	Zip Code				
80 National Ave Apt 3		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
owner			cic Tile and Marble						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			35-50						
X No Cash Personal Check	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #	ı			ī					

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REP October 10 Filing - Ori			
Lumaj Explore			Colober 10 1 ming Cit			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Ibrahimi		Miradije				2308
Residential Street Address	City				State	Zip Code
80 National Ave Apt 3		Waterbury			СТ	06705
Principal Occupation Housekeeping		Name of Employersa	er my Nursing			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$100.00)		\$100.00
if yes, list Event#						
Last Name	First				MI	Contribution ID #
Ajro		Berat				2309
Residential Street Address	City	To make the se			State	Zip Code
150 Central Ave Principal Occupation		Torrington Name of Employe	or		СТ	06790
Owner		Roma				
Is contributor a principal of a state contractor or prospective state contractor?			hbyist spansa or	_	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	f a lobbyist?	Yes		
government the contract is with: Executive Legislative	Б.	D : 1		X No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # X No X Cash Personal Check Noney Order Credit/Debit Card	09/	09/2017	\$100.00)		\$100.00
Last Name	First	-			MI	Contribution ID #
Minicucci	FIISt	John			IVII	2575
Residential Street Address	City				State	Zip Code
341 Quinn St		Naugatuck			СТ	06770
Principal Occupation		Name of Employe				
Property and Casualty Insurance			icci Insaurance	_		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No	09/	09/2017	\$100.00)		\$100.00
Last Name	First				MI	Contribution ID #
Iljazi Residential Street Address	City	Vjollca			State	Zip Code
149 Alexander Ave	City	Waterbury			CT	06705
Principal Occupation		Name of Employe	er		<u>.</u>	
. Homemaker			maker			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		== _F =macm child to		x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # Credit/Debit Card	09/	09/2017	\$100.00)		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Iljazovski		Sabri			2564
Residential Street Address	City			State	Zip Code
149 Alexander Ave		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er	•	
Painter		Painte	ers Pro		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spays or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Tati valo to tal a — Matte valo	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	09/0	09/2017	\$100.00		\$100.00
If yes, list Event #	05/	03,202,	4100.00		
Last Name	First			MI	Contribution ID #
Iljazi	1 1150	Mevlana			2592
Residential Street Address	City	rieviaria		State	Zip Code
149 Alexander Ave	City	Mataubum			06705
	_	Waterbury		СТ	06705
Principal Occupation		Name of Employ			
student		stude			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative				1	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	09/0	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lopez		Eleuterio			2596
Residential Street Address	City			State	Zip Code
69 Sharon St		Bristol		СТ	
Principal Occupation		Name of Employ	er	-	
cook		Kitche	en 64		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No T	09/0	09/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Newhart		Jeannette			2597
Residential Street Address	City			State	Zip Code
6 Woodcrest Ave		Wolcott		СТ	F
Principal Occupation		Name of Employ	er	+	!
waitress		Kitche			
			obbyist spays or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	711100	
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Continuations		
X No Cash Personal Check	00.	00/2017	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Minicucci		Marsha		Н	2598				
Residential Street Address	City			State	Zip Code				
341 Quinn St		Naugatuck		СТ	06770				
Principal Occupation		Name of Employ	er						
Customer Service Rep		yazhil	< LLC						
		,	obbyict chause or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash Personal Check	09/	09/2017	\$100.00		\$100.00				
If yes, list Event #			T						
Last Name	First			MI	Contribution ID #				
Peralta	1 1100	Julio			2594				
Residential Street Address	City	Julio		State	Zip Code				
	City	Mataubumi			Zip Code				
54 Marlboro St		Waterbury		СТ					
Principal Occupation		Name of Employ							
Preper		Kitche							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with:									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	09/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Koliqi		Shqipojn			2600				
Residential Street Address	City			State	Zip Code				
279 Oakville Ave		Waterbury		СТ					
Principal Occupation		Name of Employ	er	-	-				
Painter		Fathe	r and Son Painting						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash Personal Check	09/	09/2017	\$100.00		\$100.00				
If yes, list Event #		,							
Last Name	First			MI	Contribution ID #				
Orrulli		Zoga			2501				
Residential Street Address	City	2094		State	Zip Code				
34 Hungerford Ave	City	Waterbury		CT	06705				
		,	ON.	Ci	00703				
Principal Occupation		Name of Employ							
student Is contributor a principal of a state contractor or prospective state contractor?		stude	obbyict chause or	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	-								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event #	09/	09/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Qerimi		Arben			2502				
Residential Street Address	City			State	Zip Code				
16 Niles St Apt 407		Hartford		СТ	06105				
Principal Occupation		Name of Employ	er	•					
Picker		Walgr	eens Warehouse						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vo						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #		,							
Last Name	First			MI	Contribution ID #				
Kica		Skumbire			2483				
Residential Street Address	City	Skullibile		State	Zip Code				
	City	Middlobury		CT	Zip code				
1071 Middlebury Rd Principal Occupation		Middlebury Name of Employ	or.	Ci					
		1 ,							
foreman			andscaping						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes		nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:				_					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/0	09/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Kurtic		Behara			2519				
Residential Street Address	City			State	Zip Code				
187 Newbury St		Hartford		СТ					
Principal Occupation		Name of Employ	er	_					
Machinist		New E	Britain						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*	1					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hamidovic		Rajim			2524				
Residential Street Address	City			State	Zip Code				
157 New Britain Ave	City	Hartford		CT	06113				
Principal Occupation		Name of Employ	er	1 ~,	00113				
			Grocery						
operator Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	in or Commounton				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	-	n		4					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event #	09/0	09/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Becirovic		Suada			2541				
Residential Street Address	City			State	Zip Code				
185 Newbury St	<u> </u>	Hartford		СТ	<u> </u>				
Principal Occupation		Name of Employ							
House keeping Is contributor a principal of a state contractor or prospective state contractor?		Shera Is contributor at	11 1 ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$100.00		\$100.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Selmani	a:	Selim		- Co	2538				
Residential Street Address	City	Mataubumi		State	Zip Code				
166 Anderson Ave Principal Occupation		Waterbury Name of Employ	er	СТ					
retired		Retire							
			11 1 ·	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$100.00		\$100.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Qosja Residential Street Address	City	Arben		Ct-t-	2452				
101 Hitchcock Rd Apt 16	City	Waterbury		State CT	Zip Code 06705				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00703				
Contractor		Arber							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Yes 🔼 No	0	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	09/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sela	First	Lindita		IVII	2466				
Residential Street Address	City	2		State	Zip Code				
1 N Westwood Rd		Ansonia		СТ	06401				
Principal Occupation	•	Name of Employ	er	•	1				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent child (x No						
government the contract is with: Legislative Legislative	Б.	D i 4							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash Personal Check	09/	09/2017	\$100.00		\$100.00				
If yes, list Event #	I 33/	05/201/	Ψ100.00		T-30.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DeLuca		James		D	2460				
Residential Street Address	City			State	Zip Code				
17 Schoolhouse Xing		Wethersfield		СТ					
Principal Occupation		Name of Employ							
Police Officer			of West Hartford						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		1	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	09/	09/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bolouis		Mike			2431				
Residential Street Address	City			State	Zip Code				
389 Allen St	L	New Britain		СТ	06610				
Principal Occupation		Name of Employ							
retired Is contributor a principal of a state contractor or prospective state contractor?		retire	11 1 ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	09/	09/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Rusi		Gezim			2432				
Residential Street Address	City			State	Zip Code				
90 Fillmore St Apt 4	<u> </u>	Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
painter			Painters	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	V	Alliou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	09/	09/2017	\$100.00		\$100.00				
	-								
Last Name	First	F		MI	Contribution ID #				
Kalana Residential Street Address	City	Erind		Stata	2433				
72 Richmond Ave Apt 1	City	Waterbury		State CT	Zip Code				
Principal Occupation		Name of Employ	er	CI					
Owner			erprises						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roobyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x No Personal Check		00/2017	1100 00		±100.00				
If yes, list Event # No Money Order Credit/Debit Card	09/	09/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Celiku		Dritan			2434
Residential Street Address	City	144		State	Zip Code
128 Wesley St Apt 2 Principal Occupation		Waterbury Name of Employe	or.	СТ	06708
Owner		1 7	eaning		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		aepenaent enna o	x 1	Io	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Quinn		Allyson		М	2435
Residential Street Address	City	· ·		State	Zip Code
154 Bartholemew		Hartford		СТ	06106
Principal Occupation		Name of Employe	er	-	•
Waitress		Goldro	ос		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x N	Io	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1? Yes X No Personal Check	00.4	00/2017	4100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Quiebras		Edilberto			2436
Residential Street Address	City			State	Zip Code
1487 Silver Ln		East Hartford		СТ	06118
Principal Occupation		Name of Employe			
Pizza maker			Pizza Restaurant	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	obbyist, spouse, or f a lobbyist?	res Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x 1	Io	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00
I ov	Б	I		1,0	C (T (ID)
Last Name Hall	First	Robin		MI	Contribution ID #
Residential Street Address	City	KUDIII		State	Zip Code
8 Summit St	City	Manchester		CT	06040
Principal Occupation		Name of Employe	er		1
CNA			Health Care		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		S-p Sin Omid O	x 1	Io	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┪	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Goslin		Linda			2425				
Residential Street Address	City			State	Zip Code				
64 Allen Ave # 196		Meriden		СТ	06451				
Principal Occupation		Name of Employ	er	•					
CNA		Merid	en Nursing						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
X No	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #		,							
Last Name	First			MI	Contribution ID #				
Ramirez		Juanito			2422				
Residential Street Address	City	Judinio		State	Zip Code				
1086 Capitol Ave	City	Hartford		CT	Zip code				
Principal Occupation		Name of Employ	on.	Ci					
Cook			oc Diner						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	int of Contribution				
If yes, indicate which branch or branches of			· –						
government the contract is with:				_					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/0	09/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Lopez		Ivan			2423				
Residential Street Address	City			State	Zip Code				
120 Kane St		Hartford		СТ	06106				
Principal Occupation		Name of Employ	er	_					
Cook		Goldr	oc Diner						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•	1					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
× No	09/0	09/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pasquarelli		Amanda			2439				
Residential Street Address	City			State	Zip Code				
64 Allen Ave # 169		Meriden		СТ	•				
Principal Occupation		Name of Employ	er	1 0.					
CNA			s Home						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			000 00						
x No Personal Check	007	09/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	09/1	03/201/	\$100.00		φ100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rodriguez		Abraham			2424				
Residential Street Address	City			State	Zip Code				
154 Bartholemew Ave		Hartford		СТ	06106				
Principal Occupation		Name of Employ	er						
retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			abbrigt analysis on	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Osmani		Ideal			2426				
Residential Street Address	City	Ideal		State	Zip Code				
139 Grandview Ave	City	Waterbury		CT	06708				
Principal Occupation		Waterbury Name of Employ	on.	Ci	00708				
		1 7							
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kamberi		Fikri			2329				
Residential Street Address	City			State	Zip Code				
65 Arnold St		Waterbury		CT					
Principal Occupation		Name of Employ	er	-					
Mason		Arc							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
× No	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Zharku		Sarah			2413				
Residential Street Address	City			State	Zip Code				
5 B Queen Ter		Southington		СТ	06489				
Principal Occupation		Name of Employ	er		1				
Student		Stude							
			abbyist spaysa or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	or contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad		-					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check		10/2017	+20.00		+20.00				
If yes, list Event # Money Order Credit/Debit Card	09/	10/2017	\$30.00		\$30.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dimopoulos		Dimitrios			2415				
Residential Street Address	City			State	Zip Code				
80 South Rd		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er	!					
contractor		AR Co	ontractors						
			obbyjet enouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #	037	10, 201,	4100.00						
Last Name	First			MI	Contribution ID #				
Uzhuri	1 1130	Edlirce		1411	2418				
Residential Street Address	City	Luince		State	Zip Code				
	City	\\/_+							
129 Stonnefield Dr Apt 8		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
Painter			ng Star						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		перениент сина с	<u> </u>						
government the contract is with:			x _{No}	_					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Abazi		Seluje			2419				
Residential Street Address	City			State	Zip Code				
12 Wakelee Ave		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
Secretary		Abazi	Construction						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
× No	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kica		Internim			2461				
Residential Street Address	City			State	Zip Code				
16 Wayridge Cir		Waterbury		СТ	06708				
Principal Occupation		Name of Employ	er	<u> </u>	00700				
retired		retire							
			abbuigt gnauga or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Controutions						
X No Personal Check	00.	10/2017	#100.00		¢100.00				
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				

I, MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kica		Angelika			2462				
Residential Street Address	City			State	Zip Code				
16 Wayridge Cir		Waterbury		СТ	06708				
Principal Occupation		Name of Employ	er	•					
Retired		Retire							
			obbyist spays or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Vac	111100	nt of continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #	037	10,2017	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
	Thist	Arbnoro		IVII	2463				
Kycyku Residential Street Address	City	Arbnora		Ct-t-					
	City			State	Zip Code				
5B Queen St		Southington		СТ	06489				
Principal Occupation		Name of Employ							
inspector			medical						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
× No	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Beluli		Valdrin			2458				
Residential Street Address	City			State	Zip Code				
149 Grandview Ave		Waterbury		СТ	06708				
Principal Occupation		Name of Employ	er	<u> </u>					
Mason			onstruction						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o		111100	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
x No Cash Personal Check	00/	10/2017	#100.00		±100 00				
If yes, list Event # Money Order Credit/Debit Card	09/.	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dauti		Miftar			2468				
Residential Street Address	City			State	Zip Code				
12 Beechwood Ave		Torrington		СТ					
Principal Occupation		Name of Employ	er						
Mason		Dauti	Construction						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (•						
government the contract is with:			x No]					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR October 10 Filing - Origina		
Lumaj Explore			Colober 10 1 ming Chighie		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ramadani		Maxhide			2479
Residential Street Address	City			State	Zip Code
1374 Buckingham St		Watertown Name of Employe		СТ	06787
Principal Occupation Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes An	nount of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o		No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Orulli	1 1100	Mirsad			2475
Residential Street Address	City			State	Zip Code
34 Hungerford Ave		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er	•	-
student		stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes An	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	· –	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1? Yes X No Personal Check	09/	10/2017	\$100.00		\$100.00
If yes, list Event #	03,	10, 201,	4100.00		ψ100.00
Last Name	First			MI	Contribution ID #
Umer		Merita			2453
Residential Street Address	City			State	Zip Code
70 Avalon Ave		Oakville		СТ	06779
Principal Occupation Dental Assistance		Name of Employ	er Dental Care		
				An	nount of Contribution
Yes A No)	dependent child o	* * * * * * * * * * * * * * * * * * * *	Yes	
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check No	09/	10/2017	\$100.00		\$100.00
					T
Last Name	First	Ed:-		MI	Contribution ID #
Umer Residential Street Address	City	Ediz		State	Zip Code
70 Avalon Ave	City	Oakville		CT	06779
Principal Occupation		Name of Employe	er		00773
Manager		cvs			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes An	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:		S-pone omite o	x :	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	09/	10/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Vasquez		Jacqueline			2447	
Residential Street Address	City			State	Zip Code	
17 Norman St Principal Occupation		Manchester		СТ	06040	
Office Manager		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution	
Yes X N	0	dependent child of	if a lobbyist?			
government the contract is with:			x _{No}	1		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	00/	10/2017	\$100.00		\$100.00	
If yes, list Event #	09/	10/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Dauti		Isah			2451	
Residential Street Address	City			State	Zip Code	
12 Beechwood Ave	<u> </u>	Torrington		СТ	06790	
Principal Occupation		Name of Employ				
Contractor			Construction			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?						
If yes, list Event #	09/	10/2017	\$100.00		\$100.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Stevens		Elizabeth			2444	
Residential Street Address	City			State	Zip Code	
17 Norton St Principal Occupation	<u> </u>	Manchester Name of Employe	or.	СТ		
Waitress			oc Diner			
				Amou	ınt of Contribution	
Yes 🔼 N	0	dependent child of	•			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1		
an event reported in section 31?	l					
If yes, list Event # Cash Personal Check No	09/	10/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Beluli	l list	Osman		1411	2441	
Residential Street Address	City			State	Zip Code	
149 Grandview Ave		Waterbury		СТ	06708	
Principal Occupation		Name of Employ	er	-	•	
student		stude	nt			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		acpendent child t	x No			
government the contract is with: In this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	-		
an event reported in Section J1?	Date	1.0001700				
If yes list Event #	09/	10/2017	\$100.00		\$100.00	

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR October 10 Filing - Origina		
Lumaj Explore			Cotobol 10 1 ming Chighte		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Beluli		Amit			2442
Residential Street Address	City			State	Zip Code
139 Grandview Ave Principal Occupation	<u> </u>	Waterbury		СТ	06708
Owner		Name of Employe	er enstruction		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o		No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			36 -3		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Echerina	1 1100	Luis			2539
Residential Street Address	City			State	Zip Code
169-7 Stonefield Dr		Waterbury		СТ	06705
Principal Occupation	•	Name of Employ	er	•	•
laborer		Microl	pest		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	ount of Contribution
If yes, indicate which branch or branches of		dependent child o	a todoyist?	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Polozani		Farol			2537
Residential Street Address	City			State	Zip Code
236 State Route 37		New Fairfield		СТ	
Principal Occupation		Name of Employ	er		
Manager		Prime			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stoli		Gjolle			2550
Residential Street Address	City			State	Zip Code
69 Chesterfield Ave		Wolcott		СТ	06716
Principal Occupation		Name of Employ			
laborer		Microl			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x	No	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			30 0		
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Meka		Ferdinanth			2531				
Residential Street Address	City			State	Zip Code				
11 Alexander St		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er	!					
Mechanic		Micro	best						
		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Va						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
T 41 (3 C) 1 (1 C) T	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Osmani		Ylber			2486				
Residential Street Address	City	TIBEI		State	Zip Code				
139 Grandview Ave	City	Waterbury		CT	06708				
Principal Occupation		Waterbury Name of Employ	on.	CI	00708				
Painter		IA Pa							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative				_					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				
				<u> </u>	1				
Last Name	First			MI	Contribution ID #				
Adjoski		Suad			2487				
Residential Street Address	City			State	Zip Code				
12 Bucks Hill Rd		Waterbury		СТ	06708				
Principal Occupation		Name of Employ	er	•					
owner		Alex I	Masonry						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	,	dependent child of	•	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Adjoski		Arif			2488				
Residential Street Address	City	7		State	Zip Code				
12 Bucks HI	City	Waterbury		CT	06708				
Principal Occupation		Name of Employ	or	1 01	00700				
Owner			Masonry						
			obbyjet enouge or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Va	Amot	ant of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with: Legislative Legislative	Б.	Danier 1		-					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x _ a									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sweet		Diana			2498				
Residential Street Address	City			State	Zip Code				
6 Cumberland St		Hartford		СТ	06106				
Principal Occupation		Name of Employ	er						
Waitress		Goldr	oc Diner						
			obbyist spouse or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #		,	7-0000						
Last Name	First			MI	Contribution ID #				
Letaj	1 1150	Selda			2503				
Residential Street Address	City	Seida		State	Zip Code				
	City	Mataubum			Zip Code				
12 Monroe Ave	_	Waterbury		СТ					
Principal Occupation		Name of Employ							
stay at home mom		-	at home mom						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Velez		Madeline			2509				
Residential Street Address	City			State	Zip Code				
10 Marshall St Apt 7M		Hartford		СТ	06106				
Principal Occupation		Name of Employ	er	•	-				
Waitress		Goldr	oc Diner						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/:	10/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Duarte		Luis			2571				
Residential Street Address	City	2015		State	Zip Code				
86 Oak St	City	Waterbury		CT	06704				
Principal Occupation		Name of Employ	er	<u> </u>	1 30707				
Laborer		Micro							
			abbyist spaysa or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	Б	n · ·		1					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x _ a									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Mazari		Sefula				2657
Residential Street Address	City	5 · · · ·			State	Zip Code
11 Elgin Ave Principal Occupation		Bethel			СТ	
Waitress		Name of Employ Max 4				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?			
government the contract is with: Executive Legislative		D : 1		X No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No Zash Personal Check	09/	10/2017	\$100.0	10		\$100.00
If yes, list Event #	05,	10, 201,	4100.0			
Last Name	First				MI	Contribution ID #
Kreka		Malbora				2627
Residential Street Address	City				State	Zip Code
58 Rosewood Ave		Waterbury			СТ	06708
Principal Occupation		Name of Employ				
Mechanic Is contributor a principal of a state contractor or prospective state contractor?		Microl	obbyist, spouse, or	_	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		Yes	Alliou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative				x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
X No T	09/	10/2017	\$100.0	0		\$100.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Sanxhaku		Merita				2635
Residential Street Address	City				State	Zip Code
895 Bunkerhill Rd		Watertown			СТ	
Principal Occupation Microbest		Name of Employ				
					Amou	nt of Contribution
Yes A No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Value Value Cash Personal Check	09/	10/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Nallbani	riist	Flamur			WII	1926
Residential Street Address	City	Tidilla			State	Zip Code
71A Carrillon Dr		Rocky Hill			СТ	06067
Principal Occupation		Name of Employe	er			
Custodian		Stop a	and Shop			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?			
government the contract is with: Executive Legislative		ni. 1		x No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Sash Personal Check	09/	10/2017	\$100.0	10		\$100.00
If yes list Event # 09162017A	ı , .	·	T = 2 3.0			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Alberto		Joe			2408				
Residential Street Address	City			State	Zip Code				
239 N Main St	<u> </u>	Winsted		СТ	06098				
Principal Occupation driver		Name of Employ Albert	er :o's trucking						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}	1					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Rersonal Check	00/	10/2017	\$5.00		\$5.00				
If yes, list Event #	03/	10/2017	\$3.00		\$3.00 				
Last Name	First			MI	Contribution ID #				
Hoxha		Klajdi			2409				
Residential Street Address	City			State	Zip Code				
129 Stonnefield Dr Apt 8		Waterbury		СТ	06705				
Principal Occupation		Name of Employ							
Home Maker Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	A	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Voc	Alliot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	09/	10/2017	\$5.00		\$5.00				
If you, his Event in									
Last Name	First			MI	Contribution ID #				
Shabani	a:	Artan			2410				
Residential Street Address 53 Goss St	City	Waterbury		State	Zip Code 06706				
Principal Occupation	<u> </u>	Waterbury Name of Employ	er	Ci	00700				
Baker			's Bakery						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
	D	dependent child of	a toobyist:						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
x No Resonal Check	00/	40/2047	+5.00		+ F 00				
If yes, list Event # Money Order Credit/Debit Card	09/	10/2017	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Kolonsari		Vasilika			1843				
Residential Street Address	City			State	Zip Code				
285 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Albani		Thoherjuri			1844				
Residential Street Address	City			State	Zip Code				
285 Wayne St	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Manager — — — — —		Whee		A	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00				
I you is a value of the control of t									
Last Name	First			MI	Contribution ID #				
Pjetri		Lec			1845				
Residential Street Address	City	F : C !!		State	Zip Code				
875 Susco Hill Rd	<u> </u>	Fairfield Name of Employ	or.	СТ	06824				
Principal Occupation Retired		Retire							
			11 1 ·	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kolonjari		Petrar			1846				
Residential Street Address	City			State	Zip Code				
285 Wayne St	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of		Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event #	09/	10/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Choku		Fikri			1847				
Residential Street Address	City			State	Zip Code				
207 Concord Dr	<u> </u>	Watertown		СТ	06795				
Principal Occupation Owner		Name of Employ	· Hot Bagels						
			-1.1	Amou	unt of Contribution				
Yes X No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	10/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tefta		Alevica			2638				
Residential Street Address	City			State	Zip Code				
108 Woodbury Fox Rd		Woodbury		СТ	06798				
Principal Occupation		Name of Employ	er						
student		stude	nt						
			abbyist spaysa or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/	11/2017	\$100.00		\$100.00				
If yes, list Event #			4						
Last Name	First			MI	Contribution ID #				
Filipleawski	1 1100	Mark			2641				
Residential Street Address	City	Mark		State	Zip Code				
	City	Mataubumi			06083				
42 Smith St		Waterbury		СТ	06083				
Principal Occupation		Name of Employ							
mechanic		Microl							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with:									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Algarin		Yolanda			2642				
Residential Street Address	City			State	Zip Code				
1447 Bank St Apt 25		Waterbury		СТ					
Principal Occupation		Name of Employ	er	•	-				
Laborer		Microl	best						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	09/	11/2017	\$100.00		\$100.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Telna		Safie			2628				
Residential Street Address	City	Suite		State	Zip Code				
71 Sky Line	City	Waterbury		CT	06706				
		Waterbury Name of Employ	or	L	30700				
Principal Occupation		Name of Employ							
Mechanic In contributor a principal of a state contractor or proposative state contractor?		Microl			unt of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	- F	<u> </u>		1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	09/	11/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)							
	5 (50	ection A-I)	TWDE OF DEDORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Laci		Anxheza			2565		
Residential Street Address	City			State	Zip Code		
27 Framingham Dr		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er	1			
Machine Operator		Micro	best				
			obbyict chause or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No Cash Personal Check	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #			1				
Last Name	First			MI	Contribution ID #		
	1 1150	Latif		1411	2548		
Ago Residential Street Address	City	Latii		State	Zip Code		
	City	\\/_+			_		
116 Midfield Dr Apt 4		Waterbury		СТ	06705		
Principal Occupation		Name of Employ					
Laborer		Micro		,			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:			X No				
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/:	11/2017	\$100.00		\$100.00		
in yes, list Event #							
Last Name	First			MI	Contribution ID #		
Belli		Nertil			2557		
Residential Street Address	City			State	Zip Code		
Rosewood Ave apt 7		Waterbury		СТ	06706		
Principal Occupation		Name of Employ	er				
Laborer		Macy'	S				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?							
X No Zash Personal Check	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #			7				
Last Name	First			MI	Contribution ID #		
Makolli	1 1150	Kastriot		1,11	2568		
Residential Street Address	City	Rustriot		State	Zip Code		
Rosewood Ave apt 109-4	City	Watarburg			*		
	Щ,	Waterbury	or.	СТ	06706		
Principal Occupation		Name of Employ					
Laborer — — — — — — — — — — — — — — — — — —		Micro					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with: Executive Legislative				_			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?	1						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	11/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - O			
Lumaj Explore			Total Tarining			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Otero		Angel				2574
Residential Street Address	City				State	Zip Code
68 Centennial Ave Principal Occupation	L	Meriden Name of Employe	or.		СТ	06451
Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	09/	11/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Letaj		Parpzim				2504
Residential Street Address	City				State	Zip Code
12 Monroe Ave		Waterbury			СТ	06708
Principal Occupation		Name of Employe	er			
Mechanic		Best \	Vestern			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		аеренаен сина о	*	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X No Personal Check	00/	11/2017	\$100.0	ın		\$100.00
If yes, list Event #	03/	11/201/	\$100.C	.0		φ100.00
Last Name	First				MI	Contribution ID #
Asan		Sengul				2505
Residential Street Address	City				State	Zip Code
12 Monroe Ave	<u> </u>	Waterbury			СТ	
Principal Occupation		Name of Employe				
Machinist Is contributor a principal of a state contractor or prospective state contractor?			Masonry obbyist, spouse, or		Amou	nt of Contribution
Yes A No	0	dependent child o		Yes	Amou	in or Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # X No X Cash Personal Check No	09/	11/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Orrulli Residential Street Address	City	Erol			State	2500
34 Hungerford Ave	City	Waterbury			State CT	Zip Code 06705
Principal Occupation		Name of Employe	er		CI	00703
Foreman			Construction			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		aependent einid (•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # Credit/Debit Card	09/	11/2017	\$100.0	0		\$100.00

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I, MONETARY RECEIPTS (Section A-I)							
	5 (50	ection A-I)	I				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Shahini		Hesa			2508		
Residential Street Address	City			State	Zip Code		
7 Allen St Fl 2		Terryville		СТ	06786		
Principal Occupation		Name of Employ	er				
CNA			bury Hospital				
			abbyist spanse or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with.	Date	Received	Aggregate Contributions				
an event reported in Section J1?	Duit	Trecerved	1 iggi egate contributions				
X No Cash Personal Check	00/	11/2017	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	09/	11/2017	\$100.00		\$100.00		
Lad Name	First			MI	Contribution ID #		
Last Name	FIISt	0:1:		IVII			
Shainofski		Gjulejan			2492		
Residential Street Address	City			State	Zip Code		
329 Schaffts Dr		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er				
Student		Stude	ent				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No T	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #		-					
Last Name	First			MI	Contribution ID #		
Zharku		Emin			2489		
Residential Street Address	City			State	Zip Code		
13 Darling St	City	Southington		CT	06489		
Principal Occupation		Name of Employ	ar .	<u> </u>	00403		
Owner			onstruction				
				Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	nt of Contribution		
If yes, indicate which branch or branches of		1	x _{No}				
government the contract is with:		D : 1					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	09/	11/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Zharku		Halime			2490		
Residential Street Address	City			State	Zip Code		
13 Darling St		Southington		СТ	06489		
Principal Occupation		Name of Employ	er	-			
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No T Cash	09/	11/2017	\$100.00		\$100.00		
If yes, list Event # Money Order	l i			I			

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I MONETADY DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (5)	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Gjoza		Hamide			2530
Residential Street Address	City			State	Zip Code
5 Disanto Dr		Waterbury		СТ	
Principal Occupation		Name of Employ	er	<u> </u>	
laborer		Micro			
			obbyist, spouse, or	Amos	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of			· —		
government the contract is with: Executive Legislative				_	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
× No	09/	11/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Belli		Morena			2522
Residential Street Address	City			State	Zip Code
	City	Watarburg		CT	Lip code
Rosewood Ave Apt 7		Waterbury		CI	
Principal Occupation		Name of Employ			
student		stude			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	09/	11/2017	\$100.00		\$100.00
If yes, list Event #	,	, -	,		
Last Name	First			MI	Contribution ID #
Nuzi	1 1150	Asllan		1411	2523
Residential Street Address	C'i	ASIIdii		Gr. i	
	City			State	Zip Code
78 Buckingham St		Oakville		СТ	
Principal Occupation		Name of Employ	er		
laborer		Micro	best		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
x No Cash Personal Check	09/	11/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
	1 1130	Eluna		IVII	
Asa	o:	Eluna		G	2417
Residential Street Address	City			State	Zip Code
12 Monroe Ave		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er		
owner		Splas	h		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (· ·		
government the contract is with:			x _{No}]	
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No T Cash	09/	11/2017	\$100.00		\$100.00
If yes, list Event # Money Order	ı			I	

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I, MONETARY RECEIPTS (Section A-I)							
	5 (50	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Osga		Tammy			2446		
Residential Street Address	City			State	Zip Code		
1768 Park St		Hartford		СТ	06106		
Principal Occupation		Name of Employ	er				
Waitress		Goldr	oc Diner				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Tati valo to tal a — Matte valo	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No Cash Personal Check	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #	- '	,					
Last Name	First			MI	Contribution ID #		
Orrulli		Gjure			2476		
Residential Street Address	City	- Cjurc		State	Zip Code		
34 Hungerford Ave	City	Waterbury		CT	Zip code		
Principal Occupation		Name of Employ	on.	Ci			
Machine Operator			onstruction				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution		
If yes, indicate which branch or branches of							
government the contract is with: Executive Legislative							
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	09/	11/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Kycyku		Xhemajl			2471		
Residential Street Address	City			State	Zip Code		
70 Ruth St		Bristol		СТ	06010		
Principal Occupation		Name of Employ	er				
realator		Brich	realty				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst:				
government the contract is with:			x No				
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
X No T	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Zharku		Nurtene			2464		
Residential Street Address	City			State	Zip Code		
13 Darling St	-	Southington		СТ	06489		
Principal Occupation		Name of Employ	er				
Picker			ry Coils				
			obbyist, spouse, or	Amou	int of Contribution		
Yes X No)	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•			
an event reported in Section J1?							
x No Cash Personal Check	09/	11/2017	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	55/	,,	Ψ100.00		T-30.00		

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I, MONETARY RECEIPTS (Section A-I)							
	5 (50	ection A-I)	I				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Zharku		Suada			2414		
Residential Street Address	City			State	Zip Code		
13 Darling St		Southington		СТ	06489		
Principal Occupation		Name of Employ	er				
student		Stude					
			obbyist spausa or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	37	111104	in or commonion		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Table 23 C 12 1 24 Mail 6 23 C	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
x No Cash Personal Check	09/	11/2017	\$30.00		\$30.00		
If yes, list Event #			400.00				
Last Name	First			MI	Contribution ID #		
Zharku	1 1150	Enis			2412		
Residential Street Address	City	LIII3		State	Zip Code		
	City	Cauthington			06489		
13 Darling St	_	Southington		СТ	00489		
Principal Occupation		Name of Employ					
student		stude					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent enna e	<u> </u>				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	09/	11/2017	\$30.00		\$30.00		
Last Name	First			MI	Contribution ID #		
Thaqi		Valton			2427		
Residential Street Address	City			State	Zip Code		
30 Seymourrd # D6		Terryville		СТ	06786		
Principal Occupation		Name of Employ	er				
pizza man		Hitch	cock Pizza				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
x No Cash Personal Check	09/	11/2017	\$350.00		\$100.00		
If yes, list Event #		•			·		
Last Name	First			MI	Contribution ID #		
Thaqi		Arbenita			2428		
Residential Street Address	City	Arbenita		State	Zip Code		
30 Seymour Rd # D6	City	Terryville		CT	06786		
			OF .	CI	00780		
Principal Occupation		Name of Employ					
Student In contributor a principal of a data contractor or proposative data contractor?		Stude			nt of Contain-ti-		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with: Executive Legislative	لــا						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	11/2017	\$350.00		\$100.00		

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I, MONETARY RECEIPTS (Section A-I)							
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Shahini		Shfete			2429		
Residential Street Address	City			State	Zip Code		
7 Allen St Fl 2		Terryville		СТ	06786		
Principal Occupation		Name of Employ	er	•			
retired		retire	d				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Tati valo to tal a — Matte valo	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No Cash Personal Check	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #		,					
Last Name	First			MI	Contribution ID #		
Ferrua	1 1100	Elton		R	2430		
Residential Street Address	City	Liton		State	Zip Code		
	City	Mataubum			_		
30 Farmingham Dr Apt 3L		Waterbury		СТ	06705		
Principal Occupation		Name of Employ					
Contractor			Construction				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent cinia (<u> </u>				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
X No T	09/	11/2017	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Pasquarelli		Maritza			2440		
Residential Street Address	City			State	Zip Code		
64 Allen Ave # 169		Meriden		СТ	06451		
Principal Occupation		Name of Employ	er				
Service writer		Subar					
			obbyist, spouse, or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711100	ni or commound		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
x No Cash Personal Check	00/	12/2017	±100.00		±100 00		
If yes, list Event # Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Sadriu		Safete			2416		
Residential Street Address	City			State	Zip Code		
54 Prospect St		Terryville		CT	06786		
Principal Occupation		Name of Employ	er				
unemployed		unem	ployed				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
X No T Cash	09/	12/2017	\$100.00		\$100.00		
If yes, list Event #	ı			I			

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I, MONETARY RECEIPTS (Section A-I)							
	5 (50	ection A-I)	I TYPE OF DEDORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Archambeault		Dennis			2420		
Residential Street Address	City			State	Zip Code		
253 West St Unit T		Plantsville		СТ	06479		
Principal Occupation		Name of Employ	er	•			
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis on	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
x No Cash Personal Check	09/	12/2017	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Lopez		Jorje			2421		
Residential Street Address	City	30.30		State	Zip Code		
120 Kane St	City	West Hartfor	d	CT	06106		
Principal Occupation		Name of Employ		CI	00100		
		1 7					
Manager Is contributor a minimal of a state contractor or prognestive state contractor?			oc Diner obbyist, spouse, or	Amor	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliot	int of Contribution		
If yes, indicate which branch or branches of			x _{No}				
government the contract is with: Executive Legislative		.		4			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
X Cash Personal Check							
If yes, list Event #	09/	12/2017	\$100.00		\$100.00		
1					1		
Last Name	First			MI	Contribution ID #		
Glanz		Virginia			2477		
Residential Street Address	City			State	Zip Code		
Willis st		Bristol		СТ	06010		
Principal Occupation		Name of Employ	er				
unemployed			ployed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a followist:				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	09/	12/2017	\$100.00		\$100.00		
in yes, list Event ii							
Last Name	First			MI	Contribution ID #		
Roy		Lorraine			2478		
Residential Street Address	City			State	Zip Code		
14 Rek Ln		Prospect		СТ	06712		
Principal Occupation		Name of Employ	er				
student		stude	nt				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event #	09/	12/2017	\$100.00		\$100.00		
11 yes, the Event iii Ciculu Debit Cald							

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Vasquez		Fernando			2445		
Residential Street Address	City			State	Zip Code		
148 Allen Pl		Hartford		CT	06106		
Principal Occupation		Name of Employ	er				
Laborer		Noggi	's Auto Garage				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or		unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x N				
government the contract is with.	Data	Received	Aggregate Contributions	<u>, </u>			
an event reported in Section J1?	Date	Received	Aggregate Contributions				
X No Rersonal Check	na/	12/2017	\$100.00		\$100.00		
If yes, list Event #	03/	12/2017	φ100.00		Ţ100.00		
Last Name	First			MI	Contribution ID #		
Hysenllari		Fillor			2543		
Residential Street Address	City	-		State	Zip Code		
26 Midfield Dr # 23	,	Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er	-!			
Mechanic		Microl	best				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?	25			
government the contract is with: Executive Legislative			X No)			
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions				
an event reported in Section J1? X Cash Personal Check							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00		
T. W	г			1,,,	Lo chi c ID#		
Last Name Orulli	First	Gafle		MI	Contribution ID # 2499		
Residential Street Address	City	Gane		State	Zip Code		
34 Hartford Ave	City	Waterbury		CT	06705		
Principal Occupation		Name of Employ	er	<u> </u>	1 00703		
Driver			i Trucking				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution		
)	dependent child of	•				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N)			
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00		
T. W	Б			1,,,	G (7 C ID#		
Last Name Martin	First	Sean		MI	Contribution ID # 2497		
Residential Street Address	City	Jean		State	Zip Code		
24 Bonner St	City	Hartford		CT	06106		
Principal Occupation		Name of Employ	er				
cook			oc Diner				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or You lookbyist?	Amo	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?				
government the contract is with: Executive Legislative			x N	>			
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00		

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dauti		Merita			2512
Residential Street Address	City			State	Zip Code
38 Cambridge Dr	<u> </u>	Prospect		СТ	06712
Principal Occupation		Name of Employ			
Manager Is contributor a principal of a state contractor or prospective state contractor?		Banke Is contributor at	11 1 ·	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$20.00		\$20.00
I you, is a treat of the control of					
Last Name	First			MI	Contribution ID #
Makolli		Roland			2567
Residential Street Address	City			State	Zip Code
Rosewood Ave apt 109-4	<u> </u>	Waterbury	or.	СТ	06706
Principal Occupation Laborer		Name of Employ Micro			
			11.14	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00
I you, list Event " Event book Card					
Last Name	First			MI	Contribution ID #
Makolli		Florie			2569
Residential Street Address	City			State	Zip Code
Rosewood Ave 109-4	<u> </u>	Waterbury Name of Employ	or.	СТ	06706
Principal Occupation Mechanic		Micro			
			obbyist snouse or	Amou	ant of Contribution
Yes 🔼 No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00
				l	I
Last Name	First			MI	Contribution ID #
Vangjel Residential Street Address	City	Erloni		State	Zip Code
105 Pond Mill Rd	City	Plantsville		CT	06749
Principal Occupation		Name of Employ	er		
Laborer		Macy'			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check	00.	12/2017	4100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Aga		Bukurije				2572
Residential Street Address	City				State	Zip Code
109 Norway St Principal Occupation	L	Watertown Name of Employe	or.		СТ	06779
laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of				
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.0	0		\$100.00
	I .					
Last Name	First	-			MI	Contribution ID #
Koce Residential Street Address	City	Tatijana			State	Zip Code
67 Wheeler Village Dr	City	Southington			CT	06489
Principal Occupation		Name of Employ	er		Ci	00409
Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child o		Yes No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			1-00-40-4			
If yes, list Event # X No X Cash Personal Check Oredit/Debit Card Credit/Debit Card	09/	12/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Zaku	I not	Besmir			1411	2612
Residential Street Address	City				State	Zip Code
336 R French St	<u> </u>	Watertown			СТ	06795
Principal Occupation		Name of Employ				
Owner			NDSCAPING			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	12/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Velez		Hector			М	2634
Residential Street Address	City				State	Zip Code
224 Pullen Ave	L.	Waterbury			СТ	
Principal Occupation		Name of Employe				
laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	-	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			50 0 11 11 11			
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	09/	12/2017	\$100.0	0		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Selmani	1 1130	Esma		1411	2640			
Residential Street Address	City			State	Zip Code			
166 Anderson Ave		Waterbury		СТ				
Principal Occupation		Name of Employ	er	•	-			
Manager		Macy'	S					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative	D-4-	D i d						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No	l na/	12/2017	\$100.00		\$100.00			
If yes, list Event #	03/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mercaolo		Reinaldo			1922			
Residential Street Address	City			State	Zip Code			
46 Pocahontas Dr		West Hartfor	d	СТ	06117			
Principal Occupation		Name of Employ	er	•				
Technician		Corbi	m Russian Inc					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Nallbani	FIISt	Adriana		IVII	1923			
Residential Street Address	City	Hariana		State	Zip Code			
71A Carrillon Dr		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
Secretary		Hartfo	ord Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # 09162017A No	09/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Nallbani		Juliol			1924			
Residential Street Address	City			State	Zip Code			
71A Carrillon Dr		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
Manager		Office	Depot					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative	-		x No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Resonal Check	00.5	12/2017	#100.00		¢100.00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	12/2017	\$100.00		\$100.00			

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I MONETARY DECEME	G (G	4° A T)			
I. MONETARY RECEIPT	5 (5 (ection A-1)	TWDE OF DEDODE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Nallbani		Elio			1925
Residential Street Address	City			State	Zip Code
71A Carrillon Dr		Rocky Hill		СТ	06067
Principal Occupation		Name of Employ	er	•	
Technician		CVS F	Pharmacy		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31:					
No Cash Personal Check	09/:	12/2017	\$100.00		\$100.00
If yes, list Event # 09162017A					
Last Name	First			MI	Contribution ID #
Musai		Lebit			1890
Residential Street Address	City	LEDIC		State	Zip Code
240 Old Hawleyville Rod	City	Bethel		CT	06801
Principal Occupation		Name of Employ	TOP .	Ci	00801
COnstruction			employed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	09/	12/2017	\$200.00		\$200.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Muska		Sarah			1888
Residential Street Address	City			State	Zip Code
25 Maple Ave		Broad Brook		СТ	06016
Principal Occupation		Name of Employ	er	-	
Florist		Broad	l Brook Gardens		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Leach		Robert			1889
Residential Street Address	City			State	Zip Code
39 Church St	City	Broad Brook		CT	06016
Principal Occupation		Name of Employ	er	I C.	00010
			Metal Works LLC		
Programmer Is contributor a principal of a state contractor or prospective state contractor?			abbreigt anguag or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	л от Сопитонноп
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative	Б	n · ·			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
_					
If yes, list Event #	09/	13/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - Orio			
Lumaj Explore			Cotober 10 1 ming Chi	giriai		
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Perparim		Mulla				2338
Residential Street Address	City				State	Zip Code
5 Batesmore Rd	<u> </u>	Waterbury			СТ	06765
Principal Occupation Operator		Name of Employ				
			obbyjet enouge or	_	Amou	nt of Contribution
Yes X No	0	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			Σ	No No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31? X Cash Personal Check						
If yes, list Event # Cash Personal Check Credit/Debit Card Cr	09/	13/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
serani serani	First	Jeton			IVII	2339
Residential Street Address	City	Jeton			State	Zip Code
9 Emerson Ave		Wethersfield			СТ	06109
Principal Occupation	•	Name of Employe	er			
operator		mirco	best			
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of				
government the contract is with:			×	□ No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
x No Rersonal Check	00/	12/2017	¢100.00			±100 00
If yes, list Event # Money Order Credit/Debit Card	09/	13/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Dinkazzari		Dashmir				2340
Residential Street Address	City				State	Zip Code
5 Maria Hotchkiss Rd		Prospect			СТ	06712
Principal Occupation		Name of Employ	er			
operator		mirco				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			-	No No		
government the contract is with.	Date	Received	Aggregate Contributions	_ NO		
an event reported in Section J1?			1.66.48			
If yes, list Event # X No X Cash Personal Check Noney Order Credit/Debit Card	09/	13/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Soler	First	Edwin			IVII	2341
Residential Street Address	City	Luviii			State	Zip Code
1517 Willow St		Waterbury			СТ	06708
Principal Occupation		Name of Employe	er			
operator		mirco	best			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			•	No No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_ 110		
an event reported in Section J1?						
If yes list Event #	09/	13/2017	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original		
Lumaj Explore			October to Filling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Concepcion		Edgardo			2342
Residential Street Address	City			State	Zip Code
161 Prospect St	Ļ.,	Waterbury		СТ	06710
Principal Occupation operator		Name of Employe			
			obbyist, spouse, or	Amou	int of Contribution
Yes X No	0	dependent child o	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00
Last Name	First	•		MI	Contribution ID #
Hoxhallari	First	Gezim		IVII	2343
Residential Street Address	City	GCZIIII		State	Zip Code
14 Winslow Rd		Cheshire		СТ	06410
Principal Occupation	•	Name of Employe	er		•
techian		mirco	best		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	a loodyist?		
government the contract is with: Executive Legislative		- · · ·	x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #	03/	15,201,	\$100.00		4100.00
Last Name	First			MI	Contribution ID #
Mala		Valon			2344
Residential Street Address	City			State	Zip Code
3 Ashton Dr	<u> </u>	Terryville		СТ	06786
Principal Occupation		Name of Employe			
graphic designer			n sight studros		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
government the contract is with	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Method of contribution: X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Luis		Alberto		Р	2345
Residential Street Address	City			State	Zip Code
110 Kane St		West Hartford	d	СТ	06119
Principal Occupation		Name of Employe	er		
cook		_	oc diner		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		r	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?		,	366 John Julion 1915		
If yes, list Event #	09/	13/2017	\$100.00		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (5)	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
torres		Milagros			2346
Residential Street Address	City			State	Zip Code
356 Franklin Ave		Hartford		СТ	06114
Principal Occupation		Name of Employ	er		
waitress		goldro	oc diner		
			obbyjet enouse or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #	037	10, 201,	Ψ200.00		
Last Name	First			MI	Contribution ID #
Garcia	1 1100	Guillermo			2347
Residential Street Address	City	Guillettillo		State	Zip Code
90 Kane St	City	West Hartfor	d		06119
		West Hartfor		СТ	06119
Principal Occupation		Name of Employ			
cook			oc diner		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00
,					
Last Name	First			MI	Contribution ID #
Duba		mukodes			2348
Residential Street Address	City			State	Zip Code
219 Meriden Rd		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
cook		spiga			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
× No	09/	13/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Izeyroska		Nazira			2349
Residential Street Address	City			State	Zip Code
329 Schrafts Dr		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er	<u> </u>	00,00
student		stude			
			obbyist spays or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	J. Commoundin
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dot-	Pagaiyad		-	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check		12/2017	1100 00		±100.00
If yes, list Event # Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00

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I MONETARY DECEME	0 (0	A TO			
I. MONETARY RECEIPT	5 (5 6	ection A-1)	TWDE OF DEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Zhuta		Ardita			2350
Residential Street Address	City			State	Zip Code
92 Peacedale St		Bristol		СТ	06010
Principal Occupation		Name of Employ	er	•	
student		centra	al connecticut		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?	1	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
x No Cash Personal Check	09/:	13/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
zhuta		shpendim			2351
Residential Street Address	City	0po		State	Zip Code
92 Peacedale St		Bristol		СТ	06010
Principal Occupation		Name of Employ	or	1 01	00010
barber			s edge		
			obbyist, spouse, or	Amor	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of		1	·		
government the contract is with: Executive Legislative				4	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x c p 10 1					
If yes, list Event #	09/:	13/2017	\$100.00		\$100.00
				-	•
Last Name	First			MI	Contribution ID #
Cruz		jeremy			2352
Residential Street Address	City			State	Zip Code
104 Berkley Ave		Waterbury		СТ	06704
Principal Occupation		Name of Employ	er		
operator		mirco	best		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	a loodyist:	1	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No T	09/:	13/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
izerypski		semir			2353
Residential Street Address	City			State	Zip Code
329 Schroffts Dr	City	Waterbury		CT	06705
Principal Occupation		Name of Employ	or	101	00703
mson Is contributor a principal of a state contractor or prospective state contractor?			contracting obbyist, spouse, or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?	,	dependent child of	Vac	Amot	in or Contribution
If yes, indicate which branch or branches of		•	x No		
government the contract is with: Executive Legislative	Б.	n . 1		4	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x _ a					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
izeyoska		beti			2354
Residential Street Address	City			State	Zip Code
329 Schraffts Dr		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
student		stude	nt		
			obbyict chause or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
x No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #	,	,	4		
Last Name	First			MI	Contribution ID #
sejdaras	1 1150	kludeta			2355
Residential Street Address	City	Riddeta		State	Zip Code
	City	Matambumi			06708
103 Royal Oak Dr	_	Waterbury		СТ	06708
Principal Occupation		Name of Employ			
operator		mirco			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	09/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
kadriu		feime			2356
Residential Street Address	City			State	Zip Code
57 Rosewood Ave		Waterbury		СТ	06706
Principal Occupation		Name of Employ	er	•	-
operator		mirco	best		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
x No Cash Personal Check	09/:	13/2017	\$100.00		\$100.00
If yes, list Event #		•			
Last Name	First			MI	Contribution ID #
rodriques		Lucia			2357
Residential Street Address	City	Luciu		State	Zip Code
56 Aeyna St	City	Naugatuck		CT	06770
Principal Occupation		Naugatuck Name of Employ	or	I C1	00//0
operator		mirco			nt of Containation
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative	Б	D : 1			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #	09/	13/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - Origi			
Lumaj Explore			Cotobol 10 1 lilling Chigh			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
vushaj		lilliana				2358
Residential Street Address	City				State	Zip Code
481 Wolcott St	<u> </u>	Waterbury Name of Employe			СТ	06705
Principal Occupation waitress		al's ba				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x a loobyist?	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1 100		
an event reported in Section J1?	Bute	10001100	riggiogate controllions			
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00			\$100.00
Last Name	First			$\overline{}$	MI	Contribution ID #
sejdaras	1 1100	fatmir				2359
Residential Street Address	City				State	Zip Code
84 Beebe St		Naugatuck			СТ	06770
Principal Occupation	•	Name of Employ	er			
dryer operator		meal	apporch			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X No Personal Check	09/	13/2017	\$100.00			\$100.00
If yes, list Event #	057	10, 201,	Ψ100.00			Ψ 1 00.00
Last Name	First				MI	Contribution ID #
sejdaras		pramvera				2360
Residential Street Address	City				State	Zip Code
84 Beebe St	<u> </u>	Naugatuck			СТ	06770
Principal Occupation mother		Name of Employe	er			
		none	obbyist, spouse, or		Amou	nt of Contribution
Yes A No	0	dependent child o		Yes	7 tinous	in or controution
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # X No X Cash Personal Check No	09/	13/2017	\$100.00		:	\$100.00
-				=		
Last Name	First	albina			MI	Contribution ID #
hoxhallari Residential Street Address	City	albina			State	Zip Code
14 Winslow Rd	City	Cheshire			CT	06410
Principal Occupation		Name of Employe	er			33.13
inspector		swith				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			•	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes list Event # Credit/Debit Card	09/	13/2017	\$100.00		į	\$100.00

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I MONETA DV DECEME	0 (0	4° A TO			
I. MONETARY RECEIPT	5 (5)	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
izyroski		mirsad			2362
Residential Street Address	City			State	Zip Code
329 Schraffts Dr	,	Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
laborer			construction		
			obbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Aillou	int of Contribution
If yes, indicate which branch or branches of					
government the contract is with:				1	
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
medina		Mastin			2363
Residential Street Address	City			State	Zip Code
19 Penta St		Waterbury		СТ	06704
Principal Occupation		Name of Employ	on.	CI	00704
technical		mirco			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent cinia (<u> </u>		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
× No	09/	13/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
faruk	1 1100	ademi			2364
Residential Street Address	City	aueiiii		State	
	City	M(:			Zip Code
1790 Indian Hill Rd		Winsted		СТ	06096
Principal Occupation		Name of Employ			
mason		euro	construction		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
× No F	09/	13/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
	1 1150			1411	2365
senada	o:	ademi		G	
Residential Street Address	City			State	Zip Code
1790 Indian Hill Rd		Winsted		СТ	06096
Principal Occupation		Name of Employ	er		
mother		none			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Zash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #	I '''	•	, ,,,,,,,	1	*

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (5)	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
powell		jeffrey			2366
Residential Street Address	City			State	Zip Code
14 Bellevue Ave		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er		
student		stude	nt		
			abbrigt analysis on	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Table 19 at 10 to	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #		•			
Last Name	First			MI	Contribution ID #
sejdaras		erjon			2367
Residential Street Address	City	Cijon		State	Zip Code
84 Beebe St	City	Naugatuck		CT	06770
Principal Occupation		Naugatuck Name of Employ	on.	Ci	00770
worker			nit masonry		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:					
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
bashleim		eferni			2368
Residential Street Address	City			State	Zip Code
34 Hungerford Ave		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
consultant		be co	nsulting		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	,	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
× No F	09/	13/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
ramadani		agim			2369
Residential Street Address	City			State	Zip Code
1374 Buckingham St		Watertown		СТ	06795
Principal Occupation		Name of Employ	er	<u> </u>	
contractor			ys masonry		
			abbreigt anguag ar	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	02 Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dot-	Pagaiyad		-	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check		12/2017	+100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			October 10 Filing - Origina			
• •						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			M	II	Contribution ID #
ejup		meksut				2370
Residential Street Address	City	-			tate	Zip Code
211 Preston Rd Principal Occupation		Terryville Name of Employe	or .	C	.1	06786
retired		retire				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o		No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			1.89.18.11			
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		ģ	\$100.00
Last Name	First			М	и Т	Contribution ID #
cintron	1 1130	elaine		l E		2371
Residential Street Address	City				tate	Zip Code
1076 Capitol Abe		Hartford		C ⁻	т	06106
Principal Occupation		Name of Employ	er			
waitress		goldro	oc diner			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	· –	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv		
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # Cash Credit/Debit Card	09/	13/2017	\$100.00			\$100.00
Last Name	First			M	1I	Contribution ID #
Alickolli		Xhensila				2629
Residential Street Address	City			St	tate	Zip Code
12 Oakcrest Cir		Waterbury		C ⁻	.Т	06708
Principal Occupation		Name of Employ				
Mechanic		Microl				22 11 1
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No	09/	13/2017	\$100.00		5	\$100.00
If yes, list Event #						
Last Name	First			M	II	Contribution ID #
Gjelaj		Aleksander				2658
Residential Street Address	City	6 6 1			tate	Zip Code
42 Valley Rd Principal Occupation		Cos Cob Name of Employe	or .	C	.1	06807
mason			ee Borthers			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?			
government the contract is with:	Г.	D : 1	X	No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
x No Zash Personal Check	09/	13/2017	\$100.00		:	\$100.00
If yes_list Event # Money Order Credit/Debit Card	I '			- 1		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR			
Lumaj Explore			Cotober 10 1 ming Chight			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Brulaj		Drita				2652
Residential Street Address	City				State	Zip Code
42 Valley Rd	<u> </u>	Cos Cob			СТ	
Principal Occupation Floor Supervisor		Name of Employer Solo N	er Managment			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	,,	Amou	nt of Contribution
If we sindicate which branch or branches of	0	dependent child of	of a lobbyist?	Yes		
government the contract is with:			х	No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Personal Check	00/	12/2017	¢100.00			±100.00
If yes, list Event # Money Order Credit/Debit Card	09/	13/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Mazari		Minir				2656
Residential Street Address	City				State	Zip Code
11 Elgin Ave		Bethel			СТ	06801
Principal Occupation		Name of Employe	er			
Chef		Max 4				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No X Cash Personal Check	09/	13/2017	\$100.00			\$100.00
If yes, list Event #		-, -	,			
Last Name	First				MI	Contribution ID #
DeOliveira		Danny				2613
Residential Street Address	City				State	Zip Code
36 Well Ave Apt 2		Danbury			CT	06810
Principal Occupation		Name of Employe				
Bartender		Max 4			A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	obbyist, spouse, or fa lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Meratip		Malari				2614
Residential Street Address	City				State	Zip Code
260 Bassett Rd		Watertown			СТ	06795
Principal Occupation		Name of Employe	er	-		
chef		Max 4	.0			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			30 -0			
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	09/	13/2017	\$100.00		:	\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPO October 10 Filing - Origi			
Lumaj Explore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID#
Ramadani		Selim				2611
Residential Street Address	City				State	Zip Code
7 Sugar Maple Ln Principal Occupation	L	New Fairfield Name of Employ			СТ	
cook		1 ,	er Restaurant			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	1 [Amou	nt of Contribution
If we sindicate which branch or branches of	0	dependent child of	f a lobbyist?			
government the contract is with:			х	No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Resonal Check	00/	12/2017	¢100.00			±100.00
If yes, list Event # Money Order Credit/Debit Card	09/.	13/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Terolli		Eneta				2617
Residential Street Address	City				State	Zip Code
173 Birchfield Dr		Waterbury			СТ	
Principal Occupation		Name of Employ	er			
Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e	x	1 ,,		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Zash Personal Check	09/	13/2017	\$100.00			\$100.00
If yes, list Event #	057	10, 201,	Ψ100.00			Ψ 2 00.00
Last Name	First				MI	Contribution ID #
Misbach		Robert				2618
Residential Street Address	City				State	Zip Code
28 Elliot Dr	<u>L.</u>	Colchester			СТ	06415
Principal Occupation		Name of Employ				
Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
government time constitute with	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		!	\$100.00
Last Name	First				MI	Contribution ID #
Lame		Arbri				2619
Residential Street Address	City				State	Zip Code
1385 Highland Ave Apt 14A		Waterbury			СТ	06708
Principal Occupation		Name of Employ	er			
Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative				No		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?	Date		DD Date Contributions			
If yes list Event #	09/	13/2017	\$100.00			\$100.00

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I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lame		Xhevdet			2620
Residential Street Address	City			State	Zip Code
1385 Highland Ave Apt 14A		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er		
microbest		Micro			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	10001100	riggregate contributions		
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #			•		
Last Name	First			MI	Contribution ID #
Brulaj		Zef			2606
Residential Street Address	City			State	Zip Code
42 Valley Rd		Cos Cob		СТ	
Principal Occupation		Name of Employ	er		
Supervisor			Managment		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #			4-55.55		
Last Name	First			MI	Contribution ID #
Brulaj		George			2607
Residential Street Address	City			State	Zip Code
42 Valley Rd		Cos Cob		СТ	06807
Principal Occupation		Name of Employ	er		
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			X No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Dute	received	riggregate contributions		
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes, list Event #		,			•
Last Name	First			MI	Contribution ID #
Verdi		Vefseli			2608
Residential Street Address	City			State	Zip Code
40 Division St Unit 1		Danbury		СТ	06810
Principal Occupation		Name of Employ	er		
Manager		Max 4		1	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card	1 1		'	I	

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L MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Alickolli		Shkelqim			2585			
Residential Street Address	City			State	Zip Code			
12 Oakcrest Cir		Waterbury		СТ	06708			
Principal Occupation		Name of Employ						
Mechanic		Micob	44 1 4	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00			
I Holly olds				<u> </u>				
Last Name	First			MI	Contribution ID #			
Alickolli		Rineldi		_	2566			
Residential Street Address	City	144		State	Zip Code			
12 Oakcrest Cir	<u> </u>	Waterbury	on.	СТ	06708			
Principal Occupation Mechanic		Name of Employ Micro						
			11 1 ·	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00			
	<u> </u>			<u> </u>				
Last Name	First			MI	Contribution ID #			
Seitllari	a:	Rajmonda		G: :	2560			
Residential Street Address 215 Atwood Ave	City	Waterbury		State CT	Zip Code 06705			
Principal Occupation	<u> </u>	Waterbury Name of Employ	er	Ci	00703			
Mechanic		Micro						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 No	0	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Terolli	11130	Fatos		IVII	2514			
Residential Street Address	City			State	Zip Code			
173 Birchfield Dr		Waterbury		СТ	06705			
Principal Occupation	•	Name of Employ	er		•			
Laborer		Micro	best					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (x No					
government the contract is with: Legislative Legislative Legislative Legislative	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	09/	13/2017	\$100.00		\$100.00			
If yes, list Event # Money Order	1	-,	¥200.00	I	, ,			

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPO October 10 Filing - Origi			
Lumaj Explore			Cotober to raining only			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Lame		Fatimira				2542
Residential Street Address	City				State	Zip Code
1385 Highland Ave Apt 14A		Waterbury Name of Employe			СТ	
Principal Occupation Mechanic		Microl				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?			
government the contract is with: Executive Legislative	Гъ.	D : 1		No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No X Cash Personal Check	09/	13/2017	\$100.00			\$100.00
If yes, list Event #	05,	10, 201,	Ψ100.00			
Last Name	First				MI	Contribution ID #
Alevica		Fatos				2536
Residential Street Address	City				State	Zip Code
108 Fox Rd		Woodbury			СТ	06798
Principal Occupation		Name of Employe				
student		studei	obbyist, spouse, or	. 1	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		Yes	Alliou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
X No T	09/	13/2017	\$100.00			\$100.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Naum		Suzana				2551
Residential Street Address	City				State	Zip Code
105 Pond Mill Rd		Plantsville			СТ	06749
Principal Occupation Laborer		Name of Employe Microb				
				, 1	Amou	nt of Contribution
Yes A No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00			\$100.00
Last Name	First	•			MI	Contribution ID #
Naum	riist	Vasil			IVII	2552
Residential Street Address	City	Vasii			State	Zip Code
105 Mill Pond Rd		Plantsville			СТ	06749
Principal Occupation		Name of Employe	er	-		
Laborer		Microl	pest			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?			
government the contract is with:	Г.	<u> </u>		No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Zash Personal Check	09/	13/2017	\$100.00			\$100.00
If yes list Event # Money Order Credit/Debit Card	ı , .	•	,	ı		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original			
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Marrero		Pedro			2553	
Residential Street Address	City			State	Zip Code	
82 Harry Cir	<u> </u>	Waterbury Name of Employe		СТ	06704	
Principal Occupation Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Castro		David			2554	
Residential Street Address	City			State	Zip Code	
1 Patterson Ct		Waterbury		СТ	06704	
Principal Occupation		Name of Employ	er			
laborer		micro				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		асренает стпа о	x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes						
If yes, list Event # No Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Vironi		Lirije			2534	
Residential Street Address	City			State	Zip Code	
173 Birchfield Dr	<u> </u>	Waterbury		СТ	06705	
Principal Occupation		Name of Employ				
Laborer		Microl				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with A Method of contribution: A way to prove the discrete of the section 112.	Date	Received	Aggregate Contributions			
an event reported in Section 31:						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	13/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Goslin		Tracy			2459	
Residential Street Address	City			State	Zip Code	
111 Hamilton Ave		Meriden		СТ	06451	
Principal Occupation		Name of Employe				
Front desk manager		Four F				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			30 -0			
If yes, list Event #	09/	13/2017	\$100.00		\$100.00	

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I MONETA DV DECEME	0 (0	4° A T					
I. MONETARY RECEIPT	5 (5)	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Stevens		Betty			2438		
Residential Street Address	City			State	Zip Code		
45 Canione	City	Clastophury		CT	06033		
		Glastonbury		CI	00033		
Principal Occupation		Name of Employ					
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution		
	,	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
x No Cash Personal Check	00/	14/2017	¢100.00		#100 00		
If yes, list Event #	09/	14/2017	\$100.00		\$100.00		
				-			
Last Name	First			MI	Contribution ID #		
Hodza		Enver			2535		
Residential Street Address	City			State	Zip Code		
575 Bunker Hill Ave		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er	Ļ			
Mason			a Masonry				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent cinia (<u> </u>				
government the contract is with:			x _{No}				
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
x No Cash Personal Check	09/	14/2017	\$100.00		\$100.00		
If yes, list Event #	05,	1., 201,	Ψ100.00		¥200.00		
T (A)	г			1 , , ,	C + 1 + 1D #		
Last Name	First			MI	Contribution ID #		
Seitllari		Denisa			2527		
Residential Street Address	City			State	Zip Code		
215 Atwood Ave		Waterbury		CT	06705		
Principal Occupation		Name of Employ	er	-			
Laborer		Micro	best				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of					
If yes, indicate which branch or branches of Executive Legislative			x No				
government the contract is with:		D : 1		_			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
If yes, list Event #	09/	14/2017	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Klenja		Jerronim			2533		
Residential Street Address	City			State	Zip Code		
	City	Mataubum,			Zip Code		
06705		Waterbury		СТ			
Principal Occupation		Name of Employ					
Laborer		Conne	ecticut Concrete				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		аеренаені сппа (of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
x No Cash Personal Check	na/	14/2017	\$100.00		\$100.00		
If yes, list Event # Money Order Credit/Debit Card	I 55/	,	Ψ100.00	1	T = 00.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REP October 10 Filing - Ori			
Lumaj Explore			Colober 10 1 ming Cit	igiriai		
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Seitllari		Xhulio				2525
Residential Street Address	City				State	Zip Code
215 Atwood Ave		Waterbury Name of Employe			СТ	06705
Principal Occupation Mechanic		Microl				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child of	if a lobbyist?			
government the contract is with:				x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	00/	14/2017	\$100.00	n		\$100.00
If yes, list Event #	03/	14/2017	\$100.00	,		ş100.00
Last Name	First				MI	Contribution ID #
Telha		Agim				2555
Residential Street Address	City				State	Zip Code
71 Sky Line		Waterbury			СТ	06706
Principal Occupation		Name of Employe	er			
Mechanic		Microl				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			_	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
X No X Cash Personal Check	09/	14/2017	\$100.00	0		\$100.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Hodza		Nebi				2556
Residential Street Address	City				State	Zip Code
575 Bunker Hill Ave		Waterbury			СТ	06708
Principal Occupation		Name of Employ				
Mason Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	_	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		Yes	Amou	iit of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Second of the Second	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	14/2017	\$100.00	0		\$100.00
Last Name	First				MI	Contribution ID #
Neshia Neshia	FIISt	Klenja			MI	Contribution ID # 2517
Residential Street Address	City	Rielija			State	Zip Code
33 Hungerford Ave		Waterbury			CT	06705
Principal Occupation		Name of Employ	er			
Branch Manager		Wells	Fargo			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	ii a lobbyist?			
government the contract is with:	Г.	D : 1		x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Zash Personal Check	09/	14/2017	\$100.00	,		\$100.00
If yes list Event # Money Order Credit/Debit Card	ı , .	•	7			•

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - Origin			
Lumaj Explore						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Gjini		Dashurije				2513
Residential Street Address	City				State	Zip Code
62 Quarry Hill Rd Principal Occupation	<u> </u>	Waterbury Name of Employe			СТ	06706
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	f a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	D-4-	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event #	09/	14/2017	\$50.00			\$50.00
T. W	F: /				\	C (1 (ID)
Last Name Hoxha	First	Remzi			MI	Contribution ID # 2547
Residential Street Address	City	Kemzi			State	Zip Code
133 Strathmore Rd		Middlebury			СТ	06762
Principal Occupation	•	Name of Employ	er			
Mason		RH Ma	asonry			
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child o	if a lobbyist?			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-		
an event reported in Section J1? Yes X No Personal Check	00/	14/2017	±100.00			±100.00
If yes, list Event # Money Order Credit/Debit Card	09/	14/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Rizvani		Mensur				2576
Residential Street Address	City				State	Zip Code
368 Mountfair Dr	<u> </u>	Watertown			СТ	
Principal Occupation reitred		Name of Employer Retire				
				1	Amou	nt of Contribution
Yes A No	0	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	14/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Hoxha		Sadet				2583
Residential Street Address	City				State	Zip Code
133 Strathmore Rd		Middlebury			CT	06762
Principal Occupation		Name of Employ				
Manager Is contributor a principal of a state contractor or prospective state contractor?		Tomm	obbyviet enouge or	, –	Amou	nt of Contribution
Yes X No	0	dependent child o		Yes	7 tilloui	Commound
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?						
If yes list Event # Cash Credit/Debit Card	09/	14/2017	\$100.00		,	\$100.00

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (5 (ection A-I)	TWDE OF DEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original		
Lumaj Explore			October to Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Alickolli		Merita			2586
Residential Street Address	City			State	Zip Code
12 Oakcrest Cir		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er	1	!
laborer		Micro	best		
			abbuigt gnauga or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
X No Cash Personal Check	09/	14/2017	\$100.00		\$100.00
If yes, list Event #	057	- 1, 2017	4100.00		
Last Name	First			MI	Contribution ID #
	1 1130	Geraldo		M	2609
Desouza Residential Street Address	City	Geraldo		State	
	City	Db			Zip Code
5 Nabby Rd # B78		Danbury		СТ	06811
Principal Occupation		Name of Employ			
Cook			fino Restaurant	1	
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	09/	14/2017	\$100.00		\$100.00
in yes, list Event #				ļ	
Last Name	First			MI	Contribution ID #
Нора		Vezir			2610
Residential Street Address	City			State	Zip Code
4 Rita Dr		New Fairfield		СТ	06812
Principal Occupation		Name of Employ	er		•
owner		Porto	fino Restaurant		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?					
x No Cash Personal Check	09/	14/2017	\$100.00		\$100.00
If yes, list Event #	,	,	4		
Last Name	First			MI	Contribution ID #
Darragjati	1 1150	Luigj			2621
Residential Street Address	City	Luigi		State	Zip Code
197 Beths Ave	City	Prictal		CT	06010
		Bristol		CI	06010
Principal Occupation		Name of Employ			
student		stude			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		,	x No		
government the contract is with: Executive Legislative				4	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x _ a					
If yes, list Event #	09/	14/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - Origin			
Lumaj Explore			Cotober 10 1 ming Crigin	101		
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Enesi		Dorian				2661
Residential Street Address	City				State	Zip Code
110 Wells Rd Principal Occupation	<u> </u>	Wethersfield			СТ	
Supervisor		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		Amou	nt of Contribution
	D	dependent child of	Ta lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No						
If yes, list Event # Money Order Credit/Debit Card	09/	14/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Enesi	11130	Elona			1411	2662
Residential Street Address	City	2.0			State	Zip Code
110 Wells Rd		Wethersfield			СТ	06109
Principal Occupation	•	Name of Employ	er	•		
Clerk		USPS				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	<u> </u>			
government the contract is with:			х	No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
x No Rersonal Check	00/	14/2017	¢100.00			±100 00
If yes, list Event # Money Order Credit/Debit Card	09/	14/2017	\$100.00			\$100.00
Last Name	First			I	MI	Contribution ID #
Kosova		Rudina				2663
Residential Street Address	City				State	Zip Code
966 Silas Dean Hwy # C20		Wethersfield			CT	06109
Principal Occupation		Name of Employ	er			
Teachers Assistant		West	Hartford Public Schools			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative				No		
government the contract is with.	Date	Received	Aggregate Contributions	NO		
an event reported in Section J1?						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	14/2017	\$100.00			\$100.00
in yes, list Evene#						
Last Name	First				MI	Contribution ID #
Darragjati		Shore				2648
Residential Street Address	City	Duistal			State	Zip Code
197 Beths Ave Principal Occupation	L	Bristol Name of Employe	or.	!	СТ	06010
Retired		Retire				
			abbreigt anguag or		Amou	nt of Contribution
Yes X No	0	dependent child of	f a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes list Event # Cash Credit/Debit Card	09/	14/2017	\$100.00			\$100.00

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I MONETA DV DECEME	0 (0	4° A T					
I. MONETARY RECEIPT	5 (50	ection A-I)	I				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Klenja		Lirjeta			2636		
Residential Street Address	City			State	Zip Code		
33 Hungerford Ave		Waterbury		СТ	06705		
Principal Occupation		Name of Employ	er	•			
Student		Stude	nt				
			obbyiet enouse or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1			
an event reported in Section 31:							
X No	09/:	14/2017	\$100.00		\$100.00		
If yes, list Event #		•	·		•		
Last Name	First			MI	Contribution ID #		
Meka		Luljeta			2637		
Residential Street Address	City	Luijeta		State	Zip Code		
11 Alexander St	City	Bristol		CT	06010		
Principal Occupation		Name of Employ	or.	Ci	00010		
student		stude					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of							
government the contract is with:				1			
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/:	14/2017	\$100.00		\$100.00		
				<u> </u>			
Last Name	First			MI	Contribution ID #		
Sela		Axhere			2639		
Residential Street Address	City			State	Zip Code		
190 French St		Watertown		СТ	06795		
Principal Occupation		Name of Employ	er	-			
Manager		Micro	best				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
	,	dependent child of	•				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
X No Zash Personal Check	09/:	15/2017	\$100.00		\$100.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Kica		Florim			2625		
Residential Street Address	City			State	Zip Code		
2081 Highland Ave	City	Cheshire		CT	Lip code		
Principal Occupation		Name of Employ	or	<u> </u>			
Cook							
			curf Club obbyist, spouse, or	Amou	unt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Vac	Aiilou	in of Controution		
If yes, indicate which branch or branches of			x _{No}				
government the contract is with: Executive Legislative	Б.	D : 1		4			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check		4.5./2015			+400.00		
If yes, list Event # Money Order Credit/Debit Card	09/	15/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR' October 10 Filing - Origina		
Lumaj Explore			Colobol 10 1 milg Chighia	•	
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vranga		Ilir			2626
Residential Street Address	City			State	Zip Code
340 Williamson Cir		Oakville Name of Employe		СТ	06779
Principal Occupation retired		retire			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	a lobbyist?	No	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO	
an event reported in Section J1?	Dute	received	riggiogate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/:	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Vinca		Beir			2632
Residential Street Address	City			State	Zip Code
88 Heritage Dr		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er		•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes Amo	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No	09/:	15/2017	\$100.00		\$100.00
If yes, list Event #		,			·
Last Name	First			MI	Contribution ID #
Shazimani		Zifbear			2633
Residential Street Address	City			State	Zip Code
375 Meriden Rd Apt 4G		Waterbury		СТ	06705
Principal Occupation Kitchen worker		Name of Employ		ما	
			obbyist, spouse, or		ount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	· · · · · · · · · · · · · · · · · · ·	Yes	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No	09/:	15/2017	\$100.00		\$100.00
Last Name	First	lawina		MI	Contribution ID #
Palma Residential Street Address	City	Jerine		State	Zip Code
208 Sunnydale Ave	City	Bristol		CT	06010
Principal Occupation		Name of Employe	er		00010
Owner			's Diner		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or of a lobbyist?	Yes	ount of Contribution
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	09/	15/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			October 10 Filing - Origina		
Lumaj Explore			October 10 Tilling Origina		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Palma		Paul			2653
Residential Street Address	City			State	Zip Code
208 Sunnydale Ave		Bristol		СТ	06010
Principal Occupation student		Name of Employerstude			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	. A	Amount of Contribution
)	dependent child of	f a lobbyist?	Yes	
If yes, indicate which branch or branches of government the contract is with:			х	No	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No			4400.00		
If yes, list Event # Money Order Credit/Debit Card	09/	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Darragjati		Agentina			2622
Residential Street Address	City	<u> </u>		State	Zip Code
26 Margerie St		Bristol		СТ	06010
Principal Occupation		Name of Employe	er		•
Homemaker		Home	maker		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amount of Contribution
If yes, indicate which branch or branches of		dependent enna e	· –		
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Zash Personal Check	09/	15/2017	\$100.00		\$100.00
If yes, list Event #	03,	10, 201,	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Darragjati		Agostino			2623
Residential Street Address	City			State	Zip Code
26 Margerie St		Bristol		СТ	06010
Principal Occupation		Name of Employ			
retired		retire			Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	* ' * '	Yes	Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	15/2017	\$100.00		\$100.00
Last Name	First	E		MI	Contribution ID #
Hoxha Residential Street Address	City	Elvis		State	Zip Code
69 New St	City	Shelton		CT	Zip Code
Principal Occupation		Name of Employe	er	<u> </u>	·
Server			ian Social Club		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amount of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?		
government the contract is with:			x	No	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Resonal Check	00.	15/2017	#100 00		¢100.00
If yes_list Event # No Money Order Credit/Debit Card	l ^{09/}	15/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Hasa		Met			2577			
Residential Street Address	City			State	Zip Code			
5 Bunting Rd		Seymour		СТ	06483			
Principal Occupation		Name of Employ	er					
QA			on LLC					
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duit	Trecerved	1156.05ate Commount					
X No Cash Personal Check	00/	15/2017	¢100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	15/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
L'heureux		Ethel			2589			
Residential Street Address	City			State	Zip Code			
30 Vail St # 4		Waterbury		CT	06708			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
x No Cash Personal Check	00/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	09/	15/2017	\$100.00		\$100.00			
T. AV	Б				C (1 (ID)			
Last Name	First			MI	Contribution ID #			
Palma		Sokol			2590			
Residential Street Address	City			State	Zip Code			
208 Sunnydale Ave		Bristol		СТ	06010			
Principal Occupation		Name of Employ	er					
Laborer		FK Be	arings					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a followist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
x No Cash Personal Check	09/	15/2017	\$100.00		\$100.00			
If yes, list Event #		•			·			
Last Name	First			MI	Contribution ID #			
Carlozzi	1 1100	Mathew			2581			
Residential Street Address	City	nathew		Stata				
	City	\\/=+		State	Zip Code			
181 Anna Ave		Waterbury		СТ				
Principal Occupation		Name of Employ						
Meat Cutter		Oliver						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (·					
government the contract is with:			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No T Cash	09/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order	ı			I				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore								
B. Itemized Contributions from	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Kurti		Liri			2515			
Residential Street Address	City			State	Zip Code			
27 Hess Dr		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er	•				
 Teller		Bank	Of America					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
x No Cash Personal Check	09/	15/2017	\$100.00		\$100.00			
If yes, list Event #	057	20, 201,	4100.00					
Last Name	First			MI	Contribution ID #			
	1 1130	Avdi		1411	2526			
Kurti Residential Street Address	City	Avdi		State	Zip Code			
	City	\\\-\++			*			
27 Hess Dr		Wolcott		СТ	06716			
Principal Occupation		Name of Employ						
Mason			neers IIc					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	<u> </u>					
government the contract is with:			x _{No}]				
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	09/	15/2017	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Sela		Rini			2532			
Residential Street Address	City			State	Zip Code			
190 French St		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er	-				
Manager		Red R	ooster					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
x No Cash Personal Check	09/:	15/2017	\$100.00		\$100.00			
If yes, list Event #		,						
Last Name	First			MI	Contribution ID #			
Abazi		Zulfi			2457			
Residential Street Address	City	Zum		State	Zip Code			
92 Wakelee Rd # 1	City	Waterbury		CT	06705			
Principal Occupation		Name of Employ	ON.	Ci	00703			
Mason			Construction					
			obbriet angues or	A	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	in or Commounton			
If yes, indicate which branch or branches of			x No					
government the contract is with: Legislative Legislative	Б.	Danain 1		-				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
		. E (0.0 : =						
If yes, list Event #	09/	15/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Murati		Shukrije			2455			
Residential Street Address	City			State	Zip Code			
19 Jonathan Ln		Waterbury		СТ				
Principal Occupation		Name of Employ	er					
secretary		FK co	ntracting					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent chira (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	na/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order	03/	13/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Murati		Fevzi			2456			
Residential Street Address	City			State	Zip Code			
19 Jonathan Ln		Waterbury		СТ				
Principal Occupation	•	Name of Employ	er	•	•			
laborer		FN Co	nstruction					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Ivani		Ina			2644			
Residential Street Address	City	14/= b = ub		State	Zip Code			
72 Greenview Dr	<u> </u>	Waterbury Name of Employ	OH .	СТ	06708			
Principal Occupation Quality Inspector			earings Inc					
			obbyist spouse or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		111100	ant of Continuation			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No I Substitute entertier	09/	16/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Myrtollari		Edlir			2645			
Residential Street Address	City			State	Zip Code			
55 Debbie Dr		Southington		СТ	06489			
Principal Occupation		Name of Employ						
Subcontract Managment		Sikors						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date	Received	Asgregate Continuations					
x No Cash Personal Check	na/	16/2017	\$100.00		\$100.00			
If yes, list Event #	09/	10/201/	\$100.00	l	Ψ±00.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Snell	First	Michael		MI	2646			
Residential Street Address	City			State	Zip Code			
13 Gridely St	·	Bristol		СТ	06010			
Principal Occupation		Name of Employ	er	-	•			
Diesel Mechanic			Constructions	_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye		unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	┪				
an event reported in Section J1? Yes X Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
T				1.0	I a . a . a . m #			
Last Name	First			MI	Contribution ID #			
Ajro		largime			2291			
Residential Street Address	City			State	Zip Code			
150 Central Ave		Torrington		СТ	06790			
Principal Occupation		Name of Employ						
Laborer Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	s	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}	.				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┪				
an event reported in Section J1?								
If yes, list Event #	09/	16/2017	\$20.00		\$20.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lakaj		Joseph			2232			
Residential Street Address	City			State	Zip Code			
208 Oret St		West Haven		СТ	06516			
Principal Occupation		Name of Employ						
student		stude		 				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or Of a lobbyist?	s	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in section 31:								
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$30.00		\$30.00			
Last Name	Eit			MI	Contribution ID #			
kambo	First	rudi		IVII	Contribution ID #			
Residential Street Address	City	Tuui		State	Zip Code			
7 Rajean Rd	City	Southington		CT	06489			
Principal Occupation		Name of Employ	er					
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:	-			4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions	1				
No No Personal Check		16/2017	* 50.00	1	¢50.00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	l ^{09/3}	16/2017	\$50.00		\$50.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
kambo		yrtes			2234
Residential Street Address	City			State	Zip Code
7 Rajean Rd	L.	Southington		СТ	06489
Principal Occupation		Name of Employ	er		
retired		retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with As yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
If yes, list Event # 09162017A	09/	16/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
warburton	1 1130	percival		IVII	2235
Residential Street Address	City	percival		State	Zip Code
181 Main St	,	Norwalk		CT	06851
Principal Occupation	-	Name of Employ	er		
bar manager		blacks	stones steakhouse		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of	3	dependent child of	<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in section 71?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Dauti		Neat			2236
Residential Street Address	City			State	Zip Code
38 Cambridge Dr		Prospect		СТ	06712
Principal Occupation		Name of Employ	er		
builder		MEN E	Builders		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	x No		
government the contract is with:	D.	D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/:	16/2017	\$70.00		\$70.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Dauti		floresha			2237
Residential Street Address	City			State	Zip Code
3 Weldon Woods	L	New Fairfield		СТ	06812
Principal Occupation		Name of Employ			
marketing			ensulting	A	nt of Contrib
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			30 -0 2		
If yes, list Event # 09162017A No	09/	16/2017	\$100.00		\$100.00
I II ves list Event # U916/U1/A II Money Order Credit/Debit Card					

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-1)	TWDE OF DEDONA					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
shazimani		Useini			2238			
Residential Street Address	City			State	Zip Code			
9 Ball Pound Rd		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ	er					
mason		gabrie	el tenore masonry					
			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event #	03/	10,2017	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
	riist	wb di		IVII				
dauti Residential Street Address	City	ruzhdi		Ct-t-	2239			
	City			State	Zip Code			
6 Weldon Woods Rd		New Fairfield		СТ	06812			
Principal Occupation		Name of Employ						
ceo			n energy					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent cinia (_					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Kalaj		Gjon			2240			
Residential Street Address	City			State	Zip Code			
54 W 40th St		New York		NY	10018			
Principal Occupation		Name of Employ	er	•				
broker		evom						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No No Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A		•			•			
Last Name	First			MI	Contribution ID #			
hadza		refije			2241			
Residential Street Address	City	renje		State	Zip Code			
575 Bunker Hill Ave	City	Waterbury		CT	06708			
Principal Occupation	Ь	Waterbury Name of Employ	or	L	30700			
labor		mirco			unt of Contailersi			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x a n	١.							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original			
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
shazimani		imisle			2242	
Residential Street Address	City			State	Zip Code	
575 Bunker Hill Rd	ļ.,	Waterbury	ON .	СТ	06708	
Principal Occupation		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?			
government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
No Sash Personal Check	09/	16/2017	\$100.00		\$100.00	
If yes, list Event # 09162017A	03/	10/2017	Ψ100.00			
Last Name	First			MI	Contribution ID #	
kukaj		blerta			2243	
Residential Street Address	City			State	Zip Code	
76 Mares Hill Rd		Ivoryton		СТ	06442	
Principal Occupation		Name of Employe				
manager Is contributor a principal of a state contractor or prospective state contractor?			on house obbyist, spouse, or	Amor	ant of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	Vac	Amot	iit of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
government the contract is with. Is this contribution associated with an avoid contribution. X Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00	
				<u> </u>		
Last Name	First			MI	Contribution ID #	
Dedushaj Residential Street Address	City	gentiana		State	Zip Code	
1835 Boston Post Rd	City	Westbrook		CT	06498	
Principal Occupation		Name of Employe	er	<u> </u>	00130	
owner		braise	e and brew			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes indicate which branch or branches of	O	dependent child of				
government the contract is with:			x _{No}			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
No Service Resonal Check	09/	16/2017	\$100.00		\$100.00	
If yes, list Event # 09162017A	03/	10/2017	Ψ100.00		———	
Last Name	First			MI	Contribution ID #	
Dedushaj		Ismet			2245	
Residential Street Address	City			State	Zip Code	
8 Main St		East Haddam		СТ	06423	
Principal Occupation		Name of Employ				
Owner Is contributor a principal of a state contractor or prospective state contractor?		_	on house obbyist, spouse, or	Amor	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	Vac	Amot	nt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with: Is this contribution associated with an expert reported in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions			
all event reported in Section 31?						
If yes, list Event # 09162017A No	09/	16/2017	\$100.00		\$100.00	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Dedushaj	1 1130	Tivia			2246			
Residential Street Address	City	11710		State	Zip Code			
8 Main St	City	East Haddam	1	CT	06423			
Principal Occupation	_	Name of Employ			00123			
owner			on house					
			abbyist spanse or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Zimot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
□ No □ □	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
palavrtic		edin			2247			
Residential Street Address	City			State	Zip Code			
94 Old Logging Rd		Stamford		СТ	06903			
Principal Occupation		Name of Employ	er	•	•			
owner		ado c	onstruction					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No I To the state of the stat	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
palavrtic		mirsad			2248			
Residential Street Address	City			State	Zip Code			
37 Morgan St		Stamford		СТ	06905			
Principal Occupation		Name of Employ	er	•				
owner		ado c	ontractor					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A Cash Personal Check No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
3.5 to the second secon								
Last Name	First			MI	Contribution ID #			
Ferraj		Manush			2249			
Residential Street Address	City			State	Zip Code			
21 Hemluck Dr		Griswold		СТ	06351			
Principal Occupation		Name of Employ						
janitor			stock academy					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Legislative Legislative Legislative	Б. /	Doggiyy- 4						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No S Cash Personal Check		16/2017	#100.00		¢100.00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sala		Gresaloa			2250			
Residential Street Address	City			State	Zip Code			
78 Rosewood Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ						
Waiter Is contributor a principal of a state contractor or prospective state contractor?		Spart Is contributor at		Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				l	I a u			
Last Name	First			MI	Contribution ID #			
Bruno Residential Street Address	City	Ari		State	Zip Code			
82 Beebe St	City	Naugatuck		CT	06780			
Principal Occupation		Name of Employ	er					
owner		Ari br	runo improvements					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	O	dependent child of	51 a 1000y1st?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	09/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
bajnami		gcenda			2252			
Residential Street Address	City			State	Zip Code			
43 Rosewood Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ						
scafolding Is contributor a principal of a state contractor or prospective state contractor?			ohly ist shouse or	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an avort concreted in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
					1			
Last Name	First			MI	Contribution ID #			
bajrami Residential Street Address	City	matlinda		State	Zip Code			
43 Rosewood Ave	City	Waterbury		CT	06706			
Principal Occupation		Name of Employ	er					
housekeeping		Home	esuit hotel					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	O	dependent child of	31 a 1000yist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Resonal Check	00/	16/2017	¢100 00		\$100.00			
If yes, list Event # 09162017A	09/	16/2017	\$100.00		φ±00.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
bytgai		kushtrium			2254
Residential Street Address	City			State	Zip Code
57 Rosewood Ave		Waterbury		СТ	06700
Principal Occupation		Name of Employ	er		
operator		nauga			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an eventual in Section 112.	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 09162017A No	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
cusi		Besar			2255
Residential Street Address	City			State	Zip Code
1187 Willard Ave		Newington		СТ	06111
Principal Occupation		Name of Employ	er		•
plumbing		herati	ge enterprise		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x No		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
olgert		gega			2256
Residential Street Address	City			State	Zip Code
1432 Meriden Rd		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
worker			construction		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dedvukaj	1 1150	Ilir			2257
Residential Street Address	City			State	Zip Code
1 Granite Dr		Brookfield		СТ	06804
Principal Occupation		Name of Employ	er		
sales		Lakes	hore Realty Corp		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	†	
an event reported in Section J1?					
If yes list Event # 09162017A No X Cash Personal Check Respectively Card	09/:	16/2017	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brukaj		edu			2258				
Residential Street Address	City			State	Zip Code				
42 Valley Rd	<u> </u>	Cos Cob		СТ	06807				
Principal Occupation		Name of Employ							
office manager Is contributor a principal of a state contractor or prospective state contractor?		IPEX	11.14	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
	I			l	La . i . p. "				
Last Name	First	Devit		MI	Contribution ID #				
Dauti Residential Street Address	City	Daut		State	Zip Code				
145 Ball Pond Rd	City	New Fairfield		CT	06812				
Principal Occupation		Name of Employ							
mason		Dauti	Masonry						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	00/	4.6./2.04.7	+400.00		+100.00				
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Markaj		Gjon			2260				
Residential Street Address	City			State	Zip Code				
317 Spring St		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er						
Maintenance			g Realty						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	Aggregate Contributions						
No Cash Personal Check	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Lakaj		Ton			2261				
Residential Street Address	City			State	Zip Code				
208 Greto St		West Haven		СТ	06516				
Principal Occupation COnstruction		Name of Employ							
			Construction obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	Aillot	an or contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 31?									
If yes, list Event # 09162017A Solution If yes	09/	16/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lakaj		Gjyste			2262				
Residential Street Address	City	-5,7		State	Zip Code				
208 Greto St		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			obbyjet enouse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
□ No □ □	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
lakaj		monte			2263				
Residential Street Address	City			State	Zip Code				
208 Greto St		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er	•					
para professional		St lav	vrence school						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
U No ☐ The same states	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
lakaj		pllumb			2264				
Residential Street Address	City			State	Zip Code				
208 Greto St		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er	-	-				
Maintenance		Sprin	g Realty						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist:						
government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00				
					I				
Last Name	First			MI	Contribution ID #				
Kdcaj		Gjek			2265				
Residential Street Address	City			State	Zip Code				
208 Greto St		West Haven		СТ	06516				
Principal Occupation		Name of Employ							
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date								
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A Money Order Credit/Debit Card	""	10/201/	φ100.00	1	¥100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kdcaj		Leze			2266				
Residential Street Address	City			State	Zip Code				
208 Greto St		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er						
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A yes We want reported in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
in yea, included and a second a									
Last Name	First			MI	Contribution ID #				
Markaj		Arjgta			2267				
Residential Street Address	City			State	Zip Code				
317 W Spring St		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er						
cashier		Milfor	d mall						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We would be seen in 112.	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
,,,, <u></u>									
Last Name	First			MI	Contribution ID #				
semiana		dahri			2268				
Residential Street Address	City			State	Zip Code				
284 West St		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
mom		none		,					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
			4400.00						
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Darragiati	riist	Ndoc		IVII	2269				
Residential Street Address	City	Nuoc		State	Zip Code				
178 Green St	City	Bristol		CT	06010				
Principal Occupation		Name of Employ	er	<u> </u>	00010				
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
)	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Method of contribution:	Date	Received	Aggregate Contributions	1					
— X C I									
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Darragdati		Drande			2270				
Residential Street Address	City			State	Zip Code				
178 Green St		Bristol		СТ	06010				
Principal Occupation Secretary		Name of Employ	^{er} e manufacturing						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}						
government the contact is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Wethod of contribution: X Cash Personal Check Personal Che									
If yes, list Event # 09162017A No	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Darragjati		Emiljan			2271				
Residential Street Address	City			State	Zip Code				
245 Rambler St		Bristol		СТ	06010				
Principal Occupation		Name of Employe	er						
CDH supervisor		·	and Shop						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent emid e	x _{No}						
Is this contribution associated with an experimental in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section J1?	00/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	09/	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
darragjati		kristina			2272				
Residential Street Address	City			State	Zip Code				
245 Rambler St		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
waitress Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of		Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
X Coch Personal Chack									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Paloka		Shlike			2273				
Residential Street Address	City			State	Zip Code				
284 West St		Bristol		СТ	06010				
Principal Occupation		Name of Employe							
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}	1					
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?				1					
If yes, list Event # 09162017A No No No No No No No No No N	09/	16/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
thega		Erisa			2274				
Residential Street Address	City			State	Zip Code				
7 Meadow St		Terryville		СТ	06786				
Principal Occupation		Name of Employ	er						
dental assistant			odental	,					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 09162017A No Cash Personal Check No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ismaili Residential Street Address	G'i	Zihani		G	2275				
	City	Now Fainfield		State	Zip Code				
39 Macbenn Dr Principal Occupation		New Fairfield Name of Employ		СТ	06812				
retired		retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in section 31?									
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
ismaili		Kadrisha			2276				
Residential Street Address	City			State	Zip Code				
39 Macbean Dr		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er	•	•				
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child c	x No						
government the contract is with:		p : 1		_					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Sash Personal Check	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	03/	10,201,	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Dauti		Arben			2277				
Residential Street Address	City			State	Zip Code				
145 Ball Pond Rd		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er						
Installer			Masonry						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or Yes Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date								
No No Personal Check	09/	16/2017	\$100.00		\$100.00				
If yes list Event # 09162017A Money Order Credit/Debit Card									

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
dauti		subi			2278				
Residential Street Address	City			State	Zip Code				
145 Ball Pond Rd	ĺ	New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er						
mason		Dauti	Masonry						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
□ No □ □	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Dika		Artim			2279				
Residential Street Address	City			State	Zip Code				
7 Sugas Maple Ln		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er		•				
pizza maker		Reggi	s Pizza						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
in yes, list Event # 09162017A Money Order Credit/Debit Cald									
Last Name	First			MI	Contribution ID #				
kreka		Devis			2280				
Residential Street Address	City			State	Zip Code				
58 Rosewood Ave		Waterbury		СТ	06706				
Principal Occupation		Name of Employ	er						
Contractor		ABC							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # 09162017A Cash Personal Check No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00				
				<u> </u>	I				
Last Name	First			MI	Contribution ID #				
Dixon		Brian		K	2281				
Residential Street Address	City			State	Zip Code				
183 Main St		Winsted		СТ	06098				
Principal Occupation		Name of Employ							
Estimator Is contributor a principal of a state contractor or prospective state contractor?			onstruction	A	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X No						
government the contract is with:	Dete	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	007	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A Money Order Credit/Debit Card	03/.	10/201/	φ100.00	I	¥100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Dedaj	First	Eldi		MI	2282			
Residential Street Address	City			State	Zip Code			
58 Rosewood Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er	-	-			
mechanic		Mirco	best					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative	,	dependent child of	of a lobbyist?					
government the contract is with.	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1? Method of contribution: X Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	10,2017	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Qosja		Bashkim			2283			
Residential Street Address	City			State	Zip Code			
37 Round Hill Dr	ĺ	Stamford		СТ	06903			
Principal Occupation		Name of Employ	er		!			
banker		chase	bank					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
in you, ma brown objection of a creat brown call								
Last Name	First			MI	Contribution ID #			
poka		Gazmend			2284			
Residential Street Address	City			State	Zip Code			
171 Prospect St		East Hartford		СТ	06108			
Principal Occupation		Name of Employ						
Driver			n transmision					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Dute	received	riggregate contributions					
No Cash Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	,	-, -						
Last Name	First			MI	Contribution ID #			
Ulaj		Xherat			2285			
Residential Street Address	City			State	Zip Code			
81 Old Long Ridge Rd		Stamford		СТ	06903			
Principal Occupation		Name of Employ	er					
engineer		Highg	ate hotel					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Legislative Legislative Legislative	D-4	P. osoivad		-				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	007	16/2017	#100.00		¢100 00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	l ^{09/.}	10/201/	\$100.00		\$100.00			

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ahmataj		Alma			2286				
Residential Street Address	City			State	Zip Code				
611 Oakside Rd		York Town H	eights	NY	10598				
Principal Occupation		Name of Employ	_	•					
manager		Alban	ian american corp						
			obbyist, spouse, or	Amor	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
No Cash X Personal Check	09/	16/2017	\$350.00		\$350.00				
If yes, list Event # 09162017A			4						
Last Name	First			MI	Contribution ID #				
Ahmataj	1 1150	Florian			2287				
Residential Street Address	City	Tionan		State	Zip Code				
	City	Vault Tarrin III	a i a la ta	NY	10598				
611 Oakside Rd	_	York Town H		INT	10298				
Principal Occupation		Name of Employ							
carpenter			ercraft Masonry						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Ye		unt of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x No	<u>'</u>					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$350.00		\$350.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Ramadani		Fluturije			2288				
Residential Street Address	City			State	Zip Code				
183 Main St		Winsted		СТ	06098				
Principal Occupation		Name of Employ	er	-	•				
cook		Noli's	Restaurant						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash Personal Check	09/:	16/2017	\$5.00		\$5.00				
If yes, list Event #		•			· 				
Last Name	First			MI	Contribution ID #				
Strikcani		Zuli			2289				
Residential Street Address	City	Zuii		State	Zip Code				
150 Central Ave	City	Waterbury		CT	06706				
		Waterbury	or .	1 0	1 30700				
Principal Occupation		Name of Employ							
laborer			Pizza		unt of Contailerti				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	s	unt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative				4					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?				1					
If yes, list Event #	09/	16/2017	\$20.00	1	\$20.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Tartari		Mimoza				1883
Residential Street Address	City				State	Zip Code
711 Second Ave Apt 5C		New York			NY	10016
Principal Occupation		Name of Employe				
Attorney			rgan Chase	_	A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•		x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/	16/2017	\$375.00)		\$375.00
Last Name	First				MI	Contribution ID #
Dujaka	1 1130	Edmond				1884
Residential Street Address	City	241110114			State	Zip Code
504 Fountain St	ĺ	New Haven			СТ	06515
Principal Occupation		Name of Employe	er			
Retail Associate Manager		T-Mob	oile USA			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child o	it a lobbyist?	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Duite	Trecer rea	riggiogate continuations			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/:	16/2017	\$100.00)		\$100.00
		!				
Last Name	First				MI	Contribution ID #
Buzhiqi		life				1885
Residential Street Address	City	V			State	Zip Code
85 Upland Rd Principal Occupation		Yorktown Hei	_		NY	10598
Homemaker		Name of Employe	ei			
			obbyist, spouse, or	_	Amou	nt of Contribution
Yes A No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in section 31?						
If yes, list Event # Cash Credit/Debit Card Cash Personal Check	09/	16/2017	\$275.00)		\$275.00
Last Name	First				MI	Contribution ID #
Ziyadeh		Milad				1886
Residential Street Address	City				State	Zip Code
523 Main St		Meriden			CT	06451
Principal Occupation		Name of Employe	er			
Admin		Vetera	an's Affairs Hospital			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of				x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # Cash Personal Check No	09/	16/2017	\$25.00)		\$25.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_			MI	Contribution ID#			
Last Name Angst	First	Alex		MI	Contribution ID # 1887			
Residential Street Address	City			State	Zip Code			
523 Main St		Meriden		СТ	06451			
Principal Occupation		Name of Employ	er	•	•			
Financial Advisor		johns	on Brunetti					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/	16/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
gjolle		elidon			1973			
Residential Street Address	City			State	Zip Code			
69 Chesterfield Ave		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Supervisor		Bozzu		-				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		асренаен сина с	x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # 09162017A No No No No No Personal Check	09/	16/2017	\$100.00		\$100.00			
<u> </u>								
Last Name	First			MI	Contribution ID #			
Gjolle		Beshira			1974			
Residential Street Address	City			State	Zip Code			
69 Chesterfield Ave		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
Retired		Retire		•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 09162017A Seas Seas Personal Check No	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
gjoll		Lefter			1975			
Residential Street Address	City			State	Zip Code			
69 Chesterfield Ave		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er	•				
Housewife		None						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		асренаен спиа (of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:		4.6.40.0 : =						
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-1)	TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
gjolle		stoli			1976				
Residential Street Address	City			State	Zip Code				
69 Chesterfield Ave		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er	•	Į.				
Operator		Mirco	best						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00				
in yes, his Event in OSTOZOTZA Intolog Order Card									
Last Name	First			MI	Contribution ID #				
Mahmutaj		Demisa			1977				
Residential Street Address	City			State	Zip Code				
58 Rosewood Ave	L	Waterbury		СТ	06706				
Principal Occupation		Name of Employ	er						
housewife		none							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:			x _{No}	_					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
mahmutaj		gesom			1978				
Residential Street Address	City			State	Zip Code				
58 Rosewood Ave		Waterbury		СТ	06706				
Principal Occupation		Name of Employ							
waiter			tirona						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of			X No						
government the contract is with:	Б.	D : 1		4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	00/	16/2017	\$100.00		¢100.00				
If yes, list Event # 09162017A	09/.	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Azemi		Naim			1979				
Residential Street Address	City			State	Zip Code				
133 Ridgegate Rd		Waterbury		СТ	06706				
Principal Occupation		Name of Employ	er		1				
pizzaman			a restaruant						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]					
X Cook Develor 11:									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I gymr or prepor	D.T.				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original								
Lumaj Explore								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First				MI	Contribution ID #		
Hida		Frederik		\rightarrow	-	1980		
Residential Street Address	City	14/= t			State	Zip Code		
205 Stonefield Dr	L	Waterbury	or .	—	СТ	06705		
Principal Occupation Name of Employer housewife none								
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x					
government the contract is with:	Date	Received	Aggregate Contributions	NO				
an event reported in Section J1?	Dute	received	Aggregate Controutions					
If yes, list Event # 09162017A	09/	16/2017	\$100.00			\$100.00		
Last Name	First			\equiv	MI	Contribution ID #		
Klodian	11130	Bregu				1981		
Residential Street Address	City			-+	State	Zip Code		
43 Rosewood Ave		Waterbury			СТ	06706		
Principal Occupation		Name of Employ	er					
Construction		cela n	nasonry LLC					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	a lobbyist?					
Is this contribution associated with an event concreted in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check	09/	16/2017	\$100.00			\$100.00		
If yes, list Event # 09162017A			7					
Last Name	First				MI	Contribution ID #		
Hazrulai		Eqerem				1982		
Residential Street Address	City				State	Zip Code		
44 Rosewood Ave	<u> </u>	Waterbury			СТ	06706		
Principal Occupation pizza man		Name of Employ	^{er} da's pizza					
·				\neg	Amou	nt of Contribution		
Yes A No	0	dependent child o	f a lobbyist?	Yes				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 09162017A	09/	16/2017	\$100.00			\$100.00		
Last Name	First			一	MI	Contribution ID #		
Cela	FIISt	Rezort			IVII	1983		
Residential Street Address	City	Rezore		\dashv	State	Zip Code		
10 Corrine Dr		Prospect			СТ	06712		
Principal Occupation		Name of Employe	er					
mason		celas	masonry					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	\neg				
an event reported in section 31:								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00			\$100.00		

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
		iiviuuais			La . z . m #			
Last Name cela	First	faik		MI	Contribution ID # 1984			
Residential Street Address	City			State	Zip Code			
10 Corrine Dr		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er	•				
owner		celas	masonary					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	00/	4.6./2.04.7	+100.00		+400.00			
If yes, list Event # 09162017A Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
T. AV	г				C C C D			
Last Name	First	A duit a ca		MI	Contribution ID #			
Cela Residential Street Address	City	Adrian		State	1985			
	City	Dunamant			Zip Code			
30 Talmadge Hill Rd Principal Occupation		Prospect Name of Employ	or.	СТ	06712			
Sales manager Is contributor a principal of a state contractor or prospective state contractor?			masonary obbyist, spouse, or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	na/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kimca		Valolete			1986			
Residential Street Address	City			State	Zip Code			
78 Rosewood Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er					
operator		mirco	best					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
uaprelli	THSt	eli		IVII	1987			
Residential Street Address	City	CII		State	Zip Code			
78 Rosewood Ave	City	Waterbury		CT	06706			
Principal Occupation		Name of Employ	er	<u> </u>	00700			
sales person			elivery					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	, 	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
kimca		gani			1988				
Residential Street Address	City			State	Zip Code				
78 Rosewood Ave		Waterbury		СТ	06706				
Principal Occupation		Name of Employ							
operator		mirco	44 1 4	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Voc	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00				
in yes, list Event # 05102017A Involvey Order In Credit Debit Cald									
Last Name	First			MI	Contribution ID #				
Kodiolli		vjollca			1989				
Residential Street Address	City			State	Zip Code				
63 Camp St		Oakville		СТ	06779				
Principal Occupation		Name of Employ	best LLC						
operator Is contributor a principal of a state contractor or prospective state contractor?			11 14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
U No I ☐ ····· ☐ ·····	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Puluhs		Blerina			1990				
Residential Street Address	City			State	Zip Code				
109 Rosewood Ave	<u> </u>	Waterbury		СТ	06706				
Principal Occupation medical assistant		Name of Employ	_{er} r barconi						
			obbyist spouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
				l					
Last Name	First	Malantin		MI	Contribution ID #				
Kodiolli Residential Street Address	City	Valentin		State	1991 Zip Code				
63 Camp St	City	Oakville		CT	06779				
Principal Occupation		Name of Employ	er		1 00.73				
maintenance			gate IIc						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
all event reported in Section 31?		16/2017	1400.00		±100.00				
If yes, list Event # 09162017A Solution If yes	09/	16/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT			
Lumaj Explore			October 10 Filing - Original			
B. Itemized Contributions from	n Inc	lividuals				
Last Name	First			MI	Contribution ID #	
Gurra		Klodijah			2013	
Residential Street Address	City			State	Zip Code	
49 Lake St		Wolcott		СТ	06716	
Principal Occupation		Name of Employ	er			
bartender		social	club			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child of	<u> </u>			
government the contract is with:			x _{No}			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Resonal Check	00,	4.6./2047	+20.00		+20.00	
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$20.00		\$20.00	
LadNama	First			MI	Contribution ID #	
Last Name	FIISt	Cali		MII	2014	
Kjazi Residential Street Address	City	Sali		State	Zip Code	
30 Geats Ave	City	Waterbury		CT	06705	
Principal Occupation		Waterbury Name of Employ	or .	Ci	00703	
Retired		Retire				
			abbyist spanse or	Amou	nt of Contribution	
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37			
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with.	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
No X Cash Personal Check	09/	16/2017	\$20.00		\$20.00	
If yes, list Event # 09162017A			·		•	
Last Name	First			MI	Contribution ID #	
Selmani		Etem			2015	
Residential Street Address	City			State	Zip Code	
278 Lakeside Rd		Southbury		СТ	06488	
Principal Occupation		Name of Employ	er			
student		stude	nt			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of		dependent child of	of a followist:			
government the contract is with:			x _{No}			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # 09162017A Cash Cash Personal Check No	09/	16/2017	\$20.00		\$20.00	
					6 . 7	
Last Name	First	Dala		MI	Contribution ID #	
Goka	C:t-	Dalo		Ct-t-	2016	
Residential Street Address 60 Sky Hollow Ct	City	Oakville		State CT	Zip Code 06770	
Principal Occupation		Name of Employ	or	CI	06770	
Macia			asonry			
			obbyiet enouge or	Amou	nt of Contribution	
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	1 111100		
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			•			
No X Cash Personal Check	09/	16/2017	\$30.00		\$30.00	
If yes, list Event # 09162017A	· .			1		

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I. MONETARY RECEIPT	S (S	ection A-I)	I was or benon			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI		ontribution ID #
Selmani		Zinet				017
Residential Street Address	City			State	1 1	p Code
21 Taunton Ln Principal Occupation		Newtown Name of Employe	or.	СТ		6570
Waitress		Als Piz				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amount of	Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?			
government the contract is with:	Data	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # 09162017A	09/	16/2017	\$30.00		\$30	0.00
Last Name	First			MI		ontribution ID #
selmani	1 1130	Gezime		1411		018
Residential Street Address	City			State		p Code
278 Lakeside Rd		Southbury		СТ	06	6488
Principal Occupation		Name of Employ	er			
Sales Rep		Accel	International			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amount of	Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna o	· –	No		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions			
No No Personal Check	09/	16/2017	\$30.00		\$30	0.00
If yes, list Event # 09162017A						
Last Name	First			MI		ontribution ID #
Tela		Dzelal				019
Residential Street Address	City	Courthhouse		State		p Code 5488
55 Oak Hill Dr Principal Occupation		Southbury Name of Employe	or	СТ		0488
property manager			ern associates			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		Amount of	Contribution
If yes, indicate which branch or branches of)	dependent child of	i u ioooyist:			
government the contract is with: Executive Legislative			x	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # 09162017A X Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$30.00		\$30	0.00
Last Name	First			MI		ontribution ID #
Selmani	riist	Ylber		IVII		020
Residential Street Address	City			State		p Code
278 Lakeside Rd		Southbury		СТ	I	6488
Principal Occupation		Name of Employ	er			
Mason		benn's	s masonry			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	Yes	Amount of	Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31?						
If yes list Event # 09162017A No Cash Credit/Debit Card	09/	16/2017	\$30.00		\$30	0.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	_		
Last Name	First			MI	Contribution ID #
selmani		Ferzi			2021
Residential Street Address	City			State	Zip Code
26 Main St	L	Woodbury		СТ	06788
Principal Occupation		Name of Employ			
Unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Society of the section 112 and 12	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 09162017A No Sash Credit/Debit Card	09/	16/2017	\$30.00		\$30.00
				1	
Last Name	First			MI	Contribution ID #
selmani Residential Street Address	City	bashkim		Ct-t-	2022
278 Lakeside Rd	City	Couthburn		State CT	Zip Code 06388
Principal Occupation	L	Southbury Name of Employ	er	С	00300
student		stude			
			obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child of	obbyist, spouse, or Yes Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions	1	
X Cosh Personal Check					
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$30.00		\$30.00
Last Name	First			MI	Contribution ID #
selmani	FIISt	Etem		IVII	2023
Residential Street Address	City	Ltein		State	Zip Code
601 Kettletown Rd	City	Southbury		CT	06388
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Section 71:	00/	4.6./2047	+35.00		+25.00
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/.	16/2017	\$35.00		\$35.00
Last Name	First			MI	Contribution ID #
selmani	1 1100	Esma			2024
Residential Street Address	City			State	Zip Code
601 Kettletown Rd		Southbury		СТ	06488
Principal Occupation	•	Name of Employ	er	•	•
Manager		Ben M	lasonry		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	00/	16/2017	\$35.00		\$35.00
If yes list Event # 09162017A	1 09/	10/201/	\$22.00		422.00

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I. MONETARY RECEIPT	S (S	ection A_I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT				
Lumaj Explore October 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
selmani		Becir			2025		
Residential Street Address	City			State	Zip Code		
601 Kettletown Rd	ĺ	Southbury		СТ	06488		
Principal Occupation		Name of Employ	er				
mason		bens	masonry				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 09162017A Cash Credit/Debit Card	09/:	16/2017	\$35.00		\$35.00		
in yes, list Event in OSTOZOTZA Intology Order Carda Deore Card							
Last Name	First			MI	Contribution ID #		
Caggiano		Sheryl		L	2026		
Residential Street Address	City			State	Zip Code		
27 Cricket Hill Rd		Bristol		СТ	06010		
Principal Occupation		Name of Employ	er				
Furniture Repair/Sales		Subui	ban Re-Style				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodysst?				
government the contract is with:			x _{No}				
Is this contribution associated with A yes We would be seen in 12.	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Etemi		Merlindi			2027		
Residential Street Address	City			State	Zip Code		
139 Bayview Cir		Watertown		СТ	06795		
Principal Occupation		Name of Employ					
Retired		Retire		,			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent ennu (x No				
government the contract is with: Executive Legislative							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
							
If yes, list Event # 09162017A	09/	16/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
etemi	1 1150	filorete			2028		
Residential Street Address	City	morece		State	Zip Code		
139 Bayview Cir	City	Watertown		CT	06795		
Principal Occupation		Name of Employ	er		00733		
None		None	-				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
)	dependent child of	of a foodyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions	1			
X Cook Degrand Cheek							
If yes, list Event # 09162017A	09/	16/2017	\$50.00		\$50.00		

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from	n Inc	lividuals					
Last Name	First			MI	Contribution ID #		
etemi		lulzim			2029		
Residential Street Address	City			State	Zip Code		
139 Bayview Cir		Watertown		СТ	06795		
Principal Occupation		Name of Employ					
Lawyer			olo and trantolo	A	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	int of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? X Yes X Cash Personal Check							
If yes, list Event # 09162017A No San Service Cash Personal Check No Money Order Credit/Debit Card	09/	16/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
matraku	C'i	tajar		Gr. 4	2030		
Residential Street Address	City	Mataubumi		State	Zip Code		
120 Hillside Ave Principal Occupation		Waterbury Name of Employ	er	СТ	06710		
maintenance		Inves					
			obbyist, spouse, or	Amou	ınt of Contribution		
Yes X No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
X Cook Personal Check							
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Dalipi Paridadi Servi Addres	Cit-	Olgert		Ct-t-	2031		
Residential Street Address 491 Witches Rock Rd	City	Bristol		State CT	Zip Code 06010		
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00010		
Soccer Coach		CCSU					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution		
Yes 🔼 No	0	dependent child of	·				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$50.00		
LadVana	Einst			\/I	Contribution ID #		
Last Name Halili	First	Euglantina		MI	Contribution ID # 2032		
Residential Street Address	City	Lagiantina		State	Zip Code		
69 Belcher Rd		Wethersfield		СТ			
Principal Occupation		Name of Employ	er		•		
Cashier		Stop	and Shop				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?				
government the contract is with: Executive Legislative	-		x _{No}				
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions				
No Serious Reported in Section 3.1	00/	16/2017	#100 00		¢50.00		
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$50.00		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Vinca		Nagib		\rightarrow	_	2033
Residential Street Address	City	Charleina			State	Zip Code
1 Hazel Dr Principal Occupation	<u> </u>	Cheshire Name of Employ	or .	<u> </u>	СТ	06410
Mason			Construction			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x	No		
government the contract is with:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			1.00.10.11.11.11.11.11			
If yes, list Event # 09162017A	09/	16/2017	\$50.00			\$50.00
Last Name	First			\neg	MI	Contribution ID #
Dushi		Roland				2034
Residential Street Address	City				State	Zip Code
38 Elm St		Seymour			CT	06488
Principal Occupation		Name of Employ	er			
Transportation		Rolan	d Dushi			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x	No		
Is this contribution associated with a superstant of the superstan	Date	Received	Aggregate Contributions	コ		
No No Personal Check	09/	16/2017	\$100.00		:	\$100.00
If yes, list Event # 09162017A						
Last Name	First				MI	Contribution ID #
Shehu		Shpend				2035
Residential Street Address	City				State	Zip Code
28 Wysteria Ct	<u> </u>	Torrington		ightharpoonup	СТ	06790
Principal Occupation Fiber		Name of Employ Altice	er			
			obbyist, spouse, or	\neg	Amou	nt of Contribution
Yes A No	0	dependent child o	of a lobbyist?	Yes	7111041	
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? If yes, list Event # 09162017A No	09/	16/2017	\$100.00		:	\$100.00
Last Name	First			一	MI	Contribution ID #
Last Name Kola	FIISt	Erma			MII	2036
Residential Street Address	City	Lima		\dashv	State	Zip Code
145 Broadway		Irvington			NY	10533
Principal Occupation		Name of Employ	er			
Stylist		Risa H	lair Salon			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	\Box		
an event reported in Section 31?						
If yes list Event # 09162017A Solution If yes list Event # 09162017A Solution If yes list Event # 09162017A	09/	16/2017	\$100.00		:	\$100.00

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5.	(11011 / 1 1)	TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Visjona		Dodaj			2037		
Residential Street Address	City			State	Zip Code		
14 S Broadway		Irvington		NY	10533		
Principal Occupation		Name of Employ	er		•		
Stylist		Kola I	Barn				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		unt of Contribution		
)	dependent child of	of a lobbyist?	S			
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31:							
□ No □ □	09/	16/2017	\$100.00		\$100.00		
If yes, list Event # 09162017A							
Last Name	First			MI	Contribution ID #		
Cylaku		Michael			2038		
Residential Street Address	City			State	Zip Code		
172 Charter Rd		Wethersfield		СТ	06109		
Principal Occupation		Name of Employ	er	•	•		
Intern		Luma	j Explore				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		unt of Contribution		
)	dependent child of	of a lobbyist?	S			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
U No ☐ The state of the state	09/	16/2017	\$100.00		\$100.00		
If yes, list Event # 09162017A							
Last Name	First			MI	Contribution ID #		
Kurti		Ervin			2039		
Residential Street Address	City			State	Zip Code		
354 Nodhill Rd		Wilton		СТ	06897		
Principal Occupation		Name of Employ	er	•	•		
Housekeeping		kosta	s upholstry				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution		
)	dependent child of					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31:							
If yes, list Event # 09162017A Solution In the Cash Cash Cash Cash Cash Cash Cash Cash	09/	16/2017	\$100.00		\$100.00		
in yes, list Event # 05102017A Money Order Credit/Debit Cald							
Last Name	First			MI	Contribution ID #		
Rezarta		Aliaj			2040		
Residential Street Address	City			State	Zip Code		
3521 Nodhill Rd		Wilton		СТ	06837		
Principal Occupation		Name of Employ	er				
Housekeeping		kosta	s upholstry				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Ye	Amou	unt of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions				
— X C I				1			
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00	1	\$100.00		
January order	I			1			

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I. MONETARY RECEIPT	S (S)	action A D					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Kostandin		Duflla			2041		
Residential Street Address	City			State	Zip Code		
69 Deerfield St	,	Fairfield		СТ	06825		
Principal Occupation		Name of Employ	er				
owner		Koshi	upholstery				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x No				
Is this contribution associated with	Date	Received	Aggregate Contributions	1			
an event reported in Section 31:							
□ No □	09/	16/2017	\$100.00		\$100.00		
If yes, list Event # 09162017A							
Last Name	First			MI	Contribution ID #		
Seimir		Doli			2042		
Residential Street Address	City			State	Zip Code		
2803 Laurie Ave		Bronx		NY	10468		
Principal Occupation		Name of Employ	er		•		
Branch manager		key b	ank				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution		
	,	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
U No E	09/	16/2017	\$100.00		\$100.00		
If yes, list Event # 09162017A							
Last Name	First			MI	Contribution ID #		
Myteberi		Ada			2043		
Residential Street Address	City			State	Zip Code		
365 Sierra Vis		Valley Cottag	je	NY	10968		
Principal Occupation		Name of Employ	er				
banker		Key B	ank				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00		
<u> </u>					-		
Last Name	First			MI	Contribution ID #		
Limani		Xhevai			2044		
Residential Street Address	City			State	Zip Code		
75 Nurssery Rd		Fairfield		СТ	06877		
Principal Occupation		Name of Employ	er				
Actor Albanian theatre							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of		acpendent ennu (x No				
government the contract is with: Executive Legislative	-						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
		4.6./2047	1400 00		+400.00		
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pino		Valentine			2045
Residential Street Address	City			State	Zip Code
220 Stonefield Dr		Waterbury		СТ	06705
Principal Occupation		Name of Employ			
Plastbury			ze Plysidions	۸	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 09162017A No Sash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00
	l .			I	T
Last Name	First	- "		MI	Contribution ID #
pino Residential Street Address	City	Telha		State	Zip Code
220 Stonefield Dr	City	Waterbury		CT	06705
Principal Occupation	_	Name of Employ	er	<u> </u>	00703
rotha construction		Caber			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an agent reported in Section 112	Date	Received	Aggregate Contributions	1	
All event reported in Section 31?					
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00
LadVana	E:			MI	Contribution ID#
Last Name Veichila	First	Gjergj		MII	Contribution ID #
Residential Street Address	City	Gjergj		State	Zip Code
30 E Handstock Ave	City	Handsford		NY	10530
Principal Occupation		Name of Employ	er	!	
property manager		Prope	rty Manager		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	o l	dependent child of			
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Section 7:	00/	16 (2017	+400.00		+100.00
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/.	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lohja	1 1130	Bouken		IVII	2048
Residential Street Address	City	Dounter.		State	Zip Code
938 Blackrock Tpke		Fairfield		СТ	06828
Principal Occupation		Name of Employ	er	•	
Driver		Drive	r Prince Enterprises		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with: Executive Legislative		n	x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	007	16/2017	\$100.00		\$100.00
If yes list Event # 09162017A	I 03/.	-0/201/	φ100.00	ı	Ψ100.00

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NAME OF COMMITTER (Prevoide Complete Name as Registered with Commission) Displayer Opposite Displayer Displayer Opposite Displayer Opposite Displayer Display	I. MONETARY RECEIPTS (Section A-I)								
Section Sect			,	TYPE OF REPORT					
Lace Name Rodd Reidwinds Stand Adviers Croy Arisonia Nume of Principles Best management Best management Best management Best management Best management Best management Type, indicate which varied or perspective state contractor? Type, the Travel Amount of Contribution Amount of	Lumaj Explore			October 10 Filing - Original					
Bod Several Address City Ansdorla City Odd	B. Itemized Contributions from Individuals								
Revidential Stores Address	Last Name	First			MI	Contribution ID #			
Procupid Note of Englisher Transport Name of Englisher Name of E	Boci		Ndue			2049			
Principal Occupation Principal Conception Principal Conception Principal Conception Principal Control State committed or prospective state committed?	Residential Street Address	City			State	Zip Code			
Best manipulary Control Contro	7 Smith St		Ansonia		СТ	06401			
Is contributed a principal of a flate contractor or prospective state contractor? Yes No	Principal Occupation								
Yes So dependent child of a lobbysist* Yes we comment the continual reaction of the substitution of the continual reaction of the continua				•	1				
Executive Exec	Is contributor a principal of a state contractor or prospective state contractor? Yes X No)		Vac	Amou	ınt of Contribution			
In the societation accounted was accounted with a second contribution as event exponed in Section 31? If yee, list Event # D9162017A	Evacutiva Lagislativa			*					
Fryes, life Fivent #	government the contact is with.	Date	Received						
Executive South Power So	an event reported in Section 31:								
Last Name	│	09/	16/2017	\$100.00		\$100.00			
Residential Street Address City Waterbury	ii yes, iist Event # 09162017A								
Residential Sirvest Address Principal Occupation Retired Ret	Last Name	First			MI	Contribution ID #			
Principal Occupation Retired	Mano		Piro						
Principal Occupation Retired Securiture a principal of a state contractor or prospective state contractor?	Residential Street Address	City			State	1			
Retired Secontributor a principal of a state contractor or prospective state contractor?			1		СТ	06705			
Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of			1 7						
Yes Solution which branch or branches of oncernment the contract is with: Is this contribution associated with one week reported in Section 11? Yes Cash Personal Check Personal Ch				11 1 ·	A				
Security Cash Personal Check Legislative Legisla	res ontributor a principal of a state contractor or prospective state contractor?)		Vac	Amot	int of Contribution			
Security	Evacutiva Lagislativa			x _{No}					
an event reported in Section 11? If yes, list Event # 09162017A	government the contract is with:	Date	Received						
Last Name	an event reported in Section J1?			1.00.10.10					
Last Name First Petrag Salue Zo51	U No I ☐ ····· ☐ ·····	09/	16/2017	\$100.00		\$100.00			
Residential Street Address City Waterbury CT O6705	If yes, list Event # 09162017A		,	·		·			
Residential Street Address 33 Glenstone Rd Waterbury State CT 06705 Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Name of Employer Amount of Contribution of Contributio	Last Name	First			MI	Contribution ID #			
Principal Occupation Name of Employer Retired Retired Scontributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contract is with: Executive Legislative Legislative Date Received Aggregate Contributions Amount of Contribution Sovernment the contract is with: No Method of contribution: Date Received Aggregate Contributions Amount of Contribution Sovernment the contract is with: Personal Check O9/16/2017 \$100.00 \$	Tasho		Petraq			2051			
Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Padula Residential Street Address Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Contribution Amount of Contribution ID # Pool 10	Residential Street Address	City			State	Zip Code			
Retired Is contributor a principal of a state contractor or prospective state contractor?			Waterbury		СТ	06705			
Is contributor a principal of a state contractor or prospective state contractor?									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Last Name Padula Last Name Padula Residential Street Address Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Padula Padula First Jerry Padula Credit/Debit Card O9/16/2017 State Office Aggregate Contributions MII Contribution ID # Padula State Zip Code CT 06708 Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a bate contractor or prospective state contractor? Yes No Is this contribution associated with an event reported in Section J1? No Amount of Contribution State Of Connecticut State of Connecticut State of Connecticut Date Received Aggregate Contribution Aggregate Contribution Amount of Contribution State of Connecticut									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 09162017A No Method of contribution: Aggregate Contributions Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor? Yes No)			Amou	int of Contribution			
Section of Contribution associated with an event reported in Section J1? X Yes Method of contribution: Date Received Aggregate Contributions \$100.00	Evacutiva Lagislativa		•	·					
an event reported in Section J1? If yes, list Event # 09162017A	government the contract is with:	Date	Received						
Last Name	an event reported in Section J1?			86 8					
Last Name Padula Padula Padula Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Size First MI Contribution ID # P 2052 State Zip Code Waterbury CT 06708 Name of Employer State of Connecticut State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions Aggregate Contributions Significant Personal Check O9/16/2017 Significant Personal Check Significant Personal Check O9/16/2017 Significant Personal Check Significant Personal Check O9/16/2017 Significant Personal	U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	09/	16/2017	\$100.00		\$100.00			
Padula Jerry P 2052 Residential Street Address City State Zip Code T51 Francis St Waterbury CT 06708 Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00	If yes, list Event # 09162017A								
Residential Street Address 151 Francis St Waterbury Name of Employer State of Connecticut Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No Cash City Waterbury Name of Employer State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$ No \$\frac{1}{2}\$	Last Name	First			MI	Contribution ID #			
Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Waterbury Name of Employer State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions \$\text{\$100.00}\$	Padula		Jerry		Р	2052			
Principal Occupation Lawyer State of Connecticut Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer State of Connecticut Amount of Contribution Legislative Legislative Date Received Aggregate Contributions \$\text{Amount of Contribution}\$ Amount of Contribution Amount of Contribution Aggregate Contributions \$\text{No}\$ \$\te	Residential Street Address	City			State	Zip Code			
Lawyer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? State of Connecticut Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Date Received Aggregate Contributions \$100.00 \$100.00			,		СТ	06708			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No Cash Personal Check O9/16/2017 \$100.00 \$100.00									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No Cash Personal Check O9/16/2017 \$100.00 \$100.00	Yes X No	0			Amou	int of Contribution			
Is this contribution associated with an event reported in Section J1? X Yes	Evacutiva Lagislativa								
an event reported in Section J1? X Yes No Cash Personal Check 09/16/2017 \$100.00	government the contract is with:	Date	Received		1				
□ No □□ □ □ □ □ □ 09/16/2017 □ \$100.00 □ \$100.00	an event reported in Section J1?			555 Tanasana					
	If yes, list Event # 09162017A No Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			October 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Rizvani		Medat			2053		
Residential Street Address	City			State	Zip Code		
47 Quarry Hill Rd		Waterbury		СТ	06706		
Principal Occupation		Name of Employ	er				
Retired		Retire					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with: Executive Legislative	Dete	D i 4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check	00/	16/2017	\$100.00		\$100.00		
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Klobocishta		Bashkim			2054		
Residential Street Address	City	240111111		State	Zip Code		
59 White Birch Ct		Waterbury		СТ	06708		
Principal Occupation		Name of Employ	er	1			
chef		chef					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00		
				<u> </u>			
Last Name	First			MI	Contribution ID #		
Selmani		Nazlisa			2055		
Residential Street Address	City			State	Zip Code		
21 Taunton Ln		Newtown		СТ	06470		
Principal Occupation		Name of Employ	er / Blessing				
Hair stylist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
No Cash X Personal Check	09/	16/2017	\$30.00		\$30.00		
If yes, list Event # 09162017A							
Last Name	First			MI	Contribution ID #		
selmani		Bekim			2056		
Residential Street Address	City			State	Zip Code		
21 Taunton Ln		Newtown		СТ	06470		
Principal Occupation		Name of Employ	er				
unemployed		unem	ployed				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a roodyist?				
government the contract is with: Executive Legislative Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No No Cash X Personal Check	00.	16/2017	+20.00		±20.00		
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$30.00		\$30.00		

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I. MONETARY RECEIPT	S (S)	action A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
	First	ii viuuui 5		MI	Contribution ID #
Last Name Memeti	First	Vezir		MI	2057
Residential Street Address	City			State	Zip Code
96 Woolson St		Watertown		СТ	06795
Principal Occupation		Name of Employ	er	-	
VP		Richa	rds metal pro		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with: Executive Legislative	Б.	D : 1			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	00/	16/2017	±100.00		±100.00
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
selmani	THSt	Alit		IVII	2058
Residential Street Address	City	Allt		State	Zip Code
21 Taunton Ln	City	Newtown		CT	06470
Principal Occupation		Name of Employ	er	<u> </u>	00470
pizza man		1 3	est pizza		
			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash X Personal Check	09/	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A			•		-
Last Name	First			MI	Contribution ID #
Dani		Xhemal			2059
Residential Street Address	City			State	Zip Code
40 Briarwood Ter		Middletown		СТ	06762
Principal Occupation		Name of Employ	er	-	
chef		sixty	seven diner		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
klenja	THSt	ramadna		IVII	2060
Residential Street Address	City	Tamauna		State	Zip Code
14 Winthrop St	City	Torrington		CT	06790
Principal Occupation		Name of Employ	er	<u> </u>	00730
Mason		self			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	, 	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions		
— X C I					
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Ismaili	THSt	Laoreta		IVII	2061			
Residential Street Address	City	Luoreta		State	Zip Code			
39 Macbean Dr	City	New Fairfield		CT	06812			
Principal Occupation		Name of Employ		<u> </u>	00012			
cosmetologist		1 ,	s pizza cosmetology					
			obbyist, spouse, or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No T	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Nikic		Peter			2062			
Residential Street Address	City			State	Zip Code			
205 E 92nd St		New York		NY	10128			
Principal Occupation		Name of Employ	er					
real estate		self						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?					
government the contract is with:			x _{No}					
Is this contribution associated with X Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
karveicaj		binaka			2063			
Residential Street Address	City			State	Zip Code			
1693 Hanover St		New York		NY	10598			
Principal Occupation		Name of Employ						
labor		trium	•					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:	В.	D : 1						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No No Personal Check	00/	16/2017	\$100.00		¢100.00			
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zenelaj	1 1100	Ocsi			2064			
Residential Street Address	City			State	Zip Code			
91 Rosewood Ave		Waterbury		CT	06706			
Principal Occupation		Name of Employ	er		· · · · · ·			
Mason			Masonary					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First	111144415		MI	Contribution ID #			
Zolaj	FIISt	Andiel		WII	2065			
Residential Street Address	City			State	Zip Code			
91 Roasewood Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er	-	•			
Mason		Turis	masonry					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye		unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with.	Date	Received	Aggregate Contributions	4				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No In Provide Code Code Code Code Code Code Code Co	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Agolli		Doriah			2066			
Residential Street Address	City			State	Zip Code			
156 Lucille St		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er					
construction			navtive concrete					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Ye		ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No					
government the contract is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	,	-, -	,					
Last Name	First			MI	Contribution ID #			
Bregu		Klodiah			2067			
Residential Street Address	City			State	Zip Code			
4311 Rosewood Ave		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er					
mason		clea n	nasonry					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with:		D : 1		4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID#			
Sulollari		Gesjan			2068			
Residential Street Address	City			State	Zip Code			
1050 Oak St		Waterbury		СТ	06706			
Principal Occupation		Name of Employ	er	-	•			
mason		celas	masonry					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of		acpendent clind (x No					
government the contract is with: Legislative Legislative Legislative	D-4	Dagaiyad		-				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions	1				
No X Cash Personal Check	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A Money Order Credit/Debit Card	03/.	10/201/	φ100.00	1	¥100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ferraj		Shkurta			2069				
Residential Street Address	City			State	Zip Code				
200 Stark Weather Rd		Plainfield		СТ	06354				
Principal Occupation		Name of Employ							
Bus driver Is contributor a principal of a state contractor or prospective state contractor?			of PLainfield obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Cash Personal Check									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Brulaj Residential Street Address	City	Frorjan		State	Zip Code				
42 Valley Rd	City	Cos Cob		CT	06807				
Principal Occupation		Name of Employ	er	Ci	00007				
Assistant			e brolhus						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Barnett		Katherine		Т	2071				
Residential Street Address	City			State	Zip Code				
200 Beths Ave		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
Retired		Retire	-						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 09162017A No S Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
I honey order				<u> </u>					
Last Name	First			MI	Contribution ID #				
Kurti	C'i	Alvidri		Gr. r	2072				
Residential Street Address 27 Hess Dr	City	Wolcott		State CT	Zip Code 06716				
Principal Occupation		Name of Employ	er	CI	00710				
Owner			e of Doors						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31? No Cash Personal Check	00.	16/2017	±50.00		* F0.00				
If yes, list Event # 09162017A No X Money Order Credit/Debit Card	09/	16/2017	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name Kurti	First	Klatdon		MI	2073			
Residential Street Address	City			State	Zip Code			
27 Hess Dr		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er	-	-			
Owner		House	e of Doors					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative		dependent chird (x No					
government the contract is with.	Data	Received	Aggregate Contributions	4				
an event reported in Section J1? Method of contribution: X Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 09162017A	09/	16/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Salihu		Arsim			2074			
Residential Street Address	City			State	Zip Code			
8533 Engleside St		Alexandria		VA	22309			
Principal Occupation		Name of Employ	er					
Manager			rcom construction					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent chird (x No					
government the contract is with.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			20 10					
If yes, list Event # 09162017A No	09/	16/2017	\$50.00		\$50.00			
1					T			
Last Name	First			MI	Contribution ID #			
Retkoceri		Alemolita			2075			
Residential Street Address	City	_		State	Zip Code			
2065 Hobart Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Housewife Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist spouse or	Amay	unt of Contribution			
Yes X No)	dependent child of	V	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes We want reported in Section 112	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # 09162017A No Sash Personal Check No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Koutsouli		John			2076			
Residential Street Address	City			State	Zip Code			
4409 Ambler Dr	,	Kenisington		MD	20895			
Principal Occupation		Name of Employ	er	•	•			
owner			t Electric					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of		аеренаен спна (x No					
government the contract is with:				1				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First	111144415		MI	Contribution ID #			
Bezianis	riist	Nikolers		IVII	2077			
Residential Street Address	City	NIKUIEIS		State	Zip Code			
4419 Puller Driver	City	Vanisington		MD	20895			
		Kenisington Name of Employ	on.	וווט	20093			
Principal Occupation		1 7						
Owner -			construction obbyist, spouse, or	۸	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		ī	x _{No}					
government the contract is with.	Doto	Received	Aggregate Contributions					
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	00/	16/2017	±100.00		±100 00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Mamudi		Blerto			2078			
Residential Street Address	City			State	Zip Code			
33 Cambridge Dr		Prospect		СТ	06712			
Principal Occupation		Name of Employ	er					
unemployed		unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodysst?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No ☐ □ ··································	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
St. John		William			2079			
Residential Street Address	City			State	Zip Code			
22 Kettletown Woods Rd		Southbury		СТ	06488			
Principal Occupation		Name of Employ	er		•			
attorney		st joh	n, scappini, lombard					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Section 1. Section	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A		•			•			
Last Name	First			MI	Contribution ID #			
Petta		Joseph			2080			
Residential Street Address	City	зозерн		State	Zip Code			
12 Boardman Dr	City	Prospect		CT	06712			
Principal Occupation		Name of Employ	or	<u> </u>	00712			
owner			exchange					
			abbyigt groups or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	or contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	D-4	Dagaiyad						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Service and Check	۰	16/2017	#100.00		¢100.00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Mamudi		Medzait			2081
Residential Street Address	City			State	Zip Code
33 Cambridge Dr	L	Prospect		СТ	06712
Principal Occupation		Name of Employ			
Painter			o painting		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 11:					
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00
If yes, list Event # U5102017A I Money Order I Credit Debit Cald					
Last Name	First			MI	Contribution ID #
Kolesnik jr.		Robert		S	2082
Residential Street Address	City			State	Zip Code
244 Main St	<u> </u>	Southbury		СТ	06488
Principal Occupation		Name of Employ	er nik Law Firm		
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Is the contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00
, , , , , , , , , , , , , , , , , , ,	l			l	
Last Name	First			MI	Contribution ID #
Mamudi	G'i	Zejadim		Gr. i	2083
Residential Street Address 170 Rodney St	City	Waterbury		State CT	Zip Code 06705
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00703
cook			oyru pizza		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Yes 🔼 No	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 09162017A No Sash Crestonal Check No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00
	F: .			L	C C C D
Last Name Mamudi	First	Arijan		MI	Contribution ID # 2084
Residential Street Address	City	Arijan		State	Zip Code
170 Rodney St	City	Waterbury		CT	06705
Principal Occupation		Name of Employ	er		00700
cook			oury pizza		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or So Johnwigt? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	,	dependent child of	i a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes list Event # 09162017A	09/	16/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	•		TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
mamudi		arijeta			2085
Residential Street Address	City			State	Zip Code
170 Rodney St		Waterbury		СТ	06705
Principal Occupation		Name of Employ	er		
server			bury pizza		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
If yes, list Event # 09162017A No Cash Personal Check No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00
				I	I
Last Name	First	a		MI	Contribution ID #
mamudi Residential Street Address	City	florije		State	Zip Code
170 Rodney St	City	Waterbury		CT	06705
Principal Occupation		Name of Employ	er	_ C1	00703
servcer			bury pizza		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
mamudi		nazire			2087
Residential Street Address	City			State	Zip Code
33 Cambridge Dr		Prospect		СТ	06712
Principal Occupation		Name of Employ	er	-	-
housewife		house	ewife		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	x No		
government the contract is with:	Dete	Received		4	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	09/:	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A			4		
Last Name	First			MI	Contribution ID #
mamudi		krenav			2088
Residential Street Address	City			State	Zip Code
33 Cambridge Dr		Prospect		СТ	06712
Principal Occupation		Name of Employ			
painter			p painting		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	10001100			
No No Personal Check	09/	16/2017	\$100.00		\$100.00
If yes list Event # 09162017A Money Order Credit/Debit Card					

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cavallo Jr		Luigi			2089				
Residential Street Address	City			State	Zip Code				
97 Joshua Town		Watertown		СТ	06795				
Principal Occupation		Name of Employ	er						
bank teller		td bai	nk						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31?									
If yes, list Event # 09162017A Cash Cash Personal Check No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
in yes, list Event in OSIOZOTTA Intology Order In Cleaner Court									
Last Name	First			MI	Contribution ID #				
Baker		Gregory		D	2090				
Residential Street Address	City			State	Zip Code				
49 Morris Rd		Prospect		СТ	06712				
Principal Occupation		Name of Employ	er						
plumber		Grego	ory baker						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodysst?						
government the contract is with:			x No						
Is this contribution associated with A yes We thought of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
322020777									
Last Name	First			MI	Contribution ID #				
Attanasio		Jerry		Е	2091				
Residential Street Address	City			State	Zip Code				
186 Judd Hill Rd		Middlebury		СТ	06762				
Principal Occupation		Name of Employ	er						
Attorney			ney, sullivan, attanasio, Mille						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Service Ser	00/	16/2017	±100.00		+100.00				
If yes, list Event # 09162017A Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Carvallo Sr.	First	Luigi		IVII	2092				
Residential Street Address	City	Luigi		State	Zip Code				
97 Joshua Town	City	Watertown		CT	06795				
Principal Occupation		Name of Employ	er	<u> </u>	00733				
Owner			t peet						
			obbyist, spouse, or	Amou	int of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	l i			I					

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	-	ction A-1)	TYPE OF REPORT					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bojka	rnst	Florina		IVII	2093			
Residential Street Address	City	Tiorina		State	Zip Code			
122 Summit Rd	City	Prospect		CT	06712			
Principal Occupation		Name of Employ	on.	CI	00712			
Assistant director of admissinos								
			ipiac University	A	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes	No	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duite	110001100	1156.05ate continuations					
No Cash X Personal Check	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
	First			IVII				
Bojka Residential Street Address	Cito	Naim		State	2094			
	City				Zip Code			
122 Summit Rd		Prospect		СТ	06712			
Principal Occupation		Name of Employ						
Associate Examiner		State						
Is contributor a principal of a state contractor or prospective state contractor? Yes	No	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cosh X Barsanal Chack								
If yes, list Event # 09162017A No Money Order Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rado		Danielle			2095			
Residential Street Address	City			State	Zip Code			
20 Southridge Rd		Prospect		CT	06712			
Principal Occupation		Name of Employ	er					
Attorney		Danie	lle Rado Law Office					
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 71?								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
in yos, list Event w OSTOZOTZA Interest and								
Last Name	First			MI	Contribution ID #			
Bruemmer		Kevin		J	2096			
Residential Street Address	City			State	Zip Code			
107 Doral Ln		Southington		СТ	06489			
Principal Occupation		Name of Employ	er	- 	-			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	No		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	- 10	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
No Cash Personal Check	1	16/2017	\$100.00	Ī	\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT October 10 Filing - Original		
• •					
B. Itemized Contributions from	n Ind	lividuals			1
Last Name	First			MI	Contribution ID #
Bojka		Razije		<u> </u>	2097
Residential Street Address 122 Summit Rd	City	Dunamant		State	Zip Code 06712
Principal Occupation		Prospect Name of Employ	er	СТ	06712
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
Is this contribution associated with an event reported in Section J1?					
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Bojka		Sami			2098
Residential Street Address	City			State	Zip Code
122 Summit Rd		Prospect		СТ	06712
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna e	x No		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
No No Personal Check	09/	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A					
Last Name	First			MI	Contribution ID #
Sojati		Gramoz		 	2099
Residential Street Address	City	Matauhumi		State	Zip Code 06710
106 Columbia Blvd Principal Occupation		Waterbury Name of Employ	er	СТ	06710
Mason			oz Construction		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amoi	ant of Contribution
Yes A No)	dependent child of	n a loodyist:		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in section 31:					
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Villanova		Zachary		С	2100
Residential Street Address	City			State	Zip Code
17 Manchester Cir		West Hartfor		СТ	06708
Principal Occupation		Name of Employ			
sales Is contributor a principal of a state contractor or prospective state contractor? Yes X No		mirco Is contributor a l	abbreigt anguag ar	Amoi	unt of Contribution
)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes list Event # 09162017A	09/	16/2017	\$20.00		\$20.00

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Idriz		Geriai			2101				
Residential Street Address	City			State	Zip Code				
180 Anhelise Ave		Southington		СТ	06489				
Principal Occupation		Name of Employ	er						
cook			oc diner	1					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	•					
an event reported in Section J1?									
If yes, list Event # 09162017A	09/	16/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Nilgue	1 1130	Ejup			2102				
Residential Street Address	City	Бјар		State	Zip Code				
211 Preston Rd		Terryville		СТ	06786				
Principal Occupation		Name of Employ	er		!				
DRIVER		North	east transportation						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with A yes We want conserved in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section J1? I res X Cash Personal Check If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Sinani		Fatime		_	2103				
Residential Street Address	City	Mataubumi		State	Zip Code				
39 Parklawn Dr Principal Occupation		Waterbury Name of Employ	or .	СТ	06708				
student		stude							
			obbyist, spouse, or	Amou	ınt of Contribution				
Yes 🔼 No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Frroku		Altin			2104				
Residential Street Address	City			State	Zip Code				
563 Wolcott St		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
electrician		ace el	lectric						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative	Г.	<u> </u>	X No						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No X Cash Personal Check	00/	16/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	09/	10/201/	φ100.00		Ψ±00.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original		
Lumaj Explore					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Shaziaran		Ramadar			2105
Residential Street Address	City			State	Zip Code
183 Main St	<u> </u>	Winsted Name of Employ		СТ	06098
Principal Occupation owner			restruant		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check	00/	16/2017	±100.00		+100.00
If yes, list Event # 09162017A	09/1	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hoxha		Fadil			2106
Residential Street Address	City			State	Zip Code
44 Colonial Rd	<u> </u>	Watertown		СТ	06795
Principal Occupation		Name of Employ	er		
framer			nstruction		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?					
If yes, list Event # 09162017A No XX Cash Personal Check Money Order Credit/Debit Card	09/1	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A					
Last Name	First			MI	Contribution ID #
Mersini		Albion			2107
Residential Street Address	City	Oploville		State	Zip Code
16 Colonial St Principal Occupation	<u> </u>	Oakville Name of Employ	er	СТ	06778
student		stude			
			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 N	0	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 09162017A Credit/Debit Card	09/1	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kamberi		Sirie			2108
Residential Street Address	City			State	Zip Code
65 Arnold St		Waterbury		СТ	06708
Principal Occupation		Name of Employ	er	•	-
Agent		AAA			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cind	x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 09162017A No No No No No No No No No N	09/1	16/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
kamberi		arbnor			2109			
Residential Street Address	City			State	Zip Code			
65 Arnold St		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er					
student		stude						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Bute	110001100	riggregate contributions					
No Sash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	,							
Last Name	First			MI	Contribution ID #			
Roci		Anita			2110			
Residential Street Address	City			State	Zip Code			
225 Hewes St		Waterbury		СТ	06708			
Principal Occupation		Name of Employ	er	-	•			
Machinist		Mirco	Best					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		4.6./2.04.7						
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mersini	THSt	Arbri		IVII	2111			
Residential Street Address	City	7.1.2.1.		State	Zip Code			
16 Colonial St		Oakville		СТ	06795			
Principal Occupation		Name of Employ	er		!			
student		stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cook Borganal Chaple	l							
If yes, list Event # 09162017A No Section 1.	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Veseli Veseli	FIISt	Qendresa		IVII	2112			
Residential Street Address	City	Qenuresa		State	Zip Code			
43 Rosewood Ave	City	Waterbury		CT	06706			
Principal Occupation		Name of Employ	er	<u> </u>				
machinest		mirco						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a foodyfst?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
— X C I								
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
mersini		Arlinda			2113
Residential Street Address	City			State	Zip Code
16 Colonial St		Oakville		СТ	06795
Principal Occupation		Name of Employ	er		
student		stude		1	
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 09162017A No Cash Personal Check No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mersini		Afusali		_	2114
Residential Street Address	City	0-1:!! -		State	Zip Code
16 Colonial St Principal Occupation		Oakville Name of Employ	or .	СТ	06795
groundskeeper			of oakville		
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
mersini	1 1150	valmir		1411	2115
Residential Street Address	City			State	Zip Code
16 Colonial St		Oakville		СТ	06795
Principal Occupation		Name of Employ	er	•	
student		stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	51 a 1000y1st:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	00/	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A	03/	10/2017	¥100.00		4100.00
Last Name	First			MI	Contribution ID #
Mersini		Mislime			2116
Residential Street Address	City			State	Zip Code
16 Colonial Dr		Oakville		СТ	06795
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Doto	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00
If yes list Event # 09162017A Money Order Credit/Debit Card	I '		· '	I	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Blifi		Krenar			2117			
Residential Street Address	City			State	Zip Code			
54 Middlefield Dr		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er	•				
contractor		Bk co	nstruction					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
in yes, list Event # 05102017A I Money Order Card								
Last Name	First			MI	Contribution ID #			
Etemi		Albresha			2118			
Residential Street Address	City			State	Zip Code			
101 Stoney Brook Rd		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
clerk		teeth	white					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				!	r			
Last Name	First			MI	Contribution ID #			
etemi		muhamed			2119			
Residential Street Address	City			State	Zip Code			
101 Stoney Brook Dr		Waterbury		СТ	06705			
Principal Occupation		Name of Employ ct jud						
court marshall Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			20 .0					
No Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A			•					
Last Name	First			MI	Contribution ID #			
etemi		idaet			2120			
Residential Street Address	City			State	Zip Code			
34 Hungerford Ave		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er	•				
house keeper		ida cl	eaning					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?					
government the contract is with:			X No					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 71:					1400 0-			
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	111144415		MI	Contribution ID #			
etemi	First	becir		IVII	2121			
Residential Street Address	City	Decii		State	Zip Code			
	City	Waterbury		CT	06705			
34 Hungerford Ave	_	Waterbury Name of Employ	on.	Ci	00703			
Principal Occupation retired		retire						
			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	†				
an event reported in Section J1? Method of contribution: Yes Method of contribution:								
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A			7					
Last Name	First			MI	Contribution ID #			
Muftarado		Gezim			2122			
Residential Street Address	City	GCZIIII		State	Zip Code			
1076 Highland Ave	City	Waterbury		CT	06708			
Principal Occupation		Name of Employ	or	Ci	00700			
machine operator Is contributor a principal of a state contractor or prospective state contractor?		mirco	obbyist, spouse, or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check	00/	16/2017	#100.00		±100.00			
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Wilson	First	Charm		IVII	2123			
Residential Street Address	City	Sherry		State	Zip Code			
206 S Marshall St	City	Hartford		CT	06105			
Principal Occupation		Name of Employ	or .	Ci	00103			
secretary			edledi					
,			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Controlations					
No Section 1. Section	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Salih	1 1130	Qerigi		1411	2124			
Residential Street Address	City	Qerigi		State	Zip Code			
350 Annelise Ave	City	Southington		CT	06489			
Principal Occupation		Name of Employ	er		30709			
Machine		Mirco						
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			50 0					
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	I	-,	4200.00	1	,			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (cenon /x-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Adili		Gzim			2125			
Residential Street Address	City			State	Zip Code			
72 Tosun Rd		Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er					
mason		gzim	adili					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
in yes, list Event in OSIOZOTTA Intoley Order In Clean Debt Card								
Last Name	First			MI	Contribution ID #			
Belica		Bashkim			2126			
Residential Street Address	City			State	Zip Code			
124 Baum Dr		Thomaston		СТ	06787			
Principal Occupation		Name of Employ	er					
ownr		bakis						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			X No	_				
Is this contribution associated with A yes We thought of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Doko		Sladik			2127			
Residential Street Address	City			State	Zip Code			
15 Clematis Ave		Waterbury		СТ	06708			
Principal Occupation		Name of Employ						
mason		slaik						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
			4400.00					
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ahmeti	First	Artur		IVII	2128			
Residential Street Address	City	Aitui		State	Zip Code			
563 Wolcott St	City	Waterbury		CT	06705			
Principal Occupation		Name of Employ	er	<u> </u>	00703			
Mason		Artuo						
			obbyist, spouse, or	Amou	int of Contribution			
Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A			İ	1				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Adili		Mirzeta			2129			
Residential Street Address	City			State	Zip Code			
72 Tosun Rd	,	Wolcott		СТ	06716			
Principal Occupation		Name of Employ	er	•				
cna		odysy	homecare					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A Cash Cash Personal Check No	09/	16/2017	\$100.00		\$100.00			
in yes, list Evenit# 09102017A I Money Order Credit Deon Card								
Last Name	First			MI	Contribution ID #			
Alka		Makfiuet			2130			
Residential Street Address	City			State	Zip Code			
3172 N Main St		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
student		stude	nt	_				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?					
government the contract is with:			x No					
Is this contribution associated with A yes We thought one of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
alka		Qeual			2131			
Residential Street Address	City			State	Zip Code			
3172 N Main St		Waterbury		СТ	06705			
Principal Occupation		Name of Employ						
owner		bella						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:	Б.	D : 1		4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	00/	16/2017	\$100.00		¢100.00			
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Makhiodi	1 1100	Linda		J	2132			
Residential Street Address	City	Linuu		State	Zip Code			
183 Main St		Winsted		CT	06098			
Principal Occupation		Name of Employ	er					
Driver		DOT						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
	,	dependent child of	of a foodyfst?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
— X C I								
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original								
* *								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
alka		ilir			2133			
Residential Street Address	City			State	Zip Code			
3172 N Main St		Waterbury Name of Employe		СТ	06705			
Principal Occupation Owner		belle v						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution			
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?	es				
government the contract is with:			X N	<u>, </u>				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	09/.	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Zhuta		Mizafer			2134			
Residential Street Address	City			State	Zip Code			
54 Alexander Ave		Waterbury		СТ	06705			
Principal Occupation		Name of Employe	er					
retired		retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		r	x N					
government the contract is with:	Date	Received	Aggregate Contributions	<u></u>				
an event reported in Section J1?			1-80-18					
No Cash Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A				ļ				
Last Name	First			MI	Contribution ID #			
Tasho		Romeo			2135			
Residential Street Address	City			State	Zip Code			
203 Kaynor Dr		Waterbury		СТ	06708			
Principal Occupation		Name of Employe						
Owner Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of		es	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,				
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	_				
an event reported in section 31:								
If yes, list Event # 09162017A No Sash Personal Check Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Meucugi	11150	Biba			2136			
Residential Street Address	City			State	Zip Code			
122 Heritage Dr		Waterbury		СТ	06708			
Principal Occupation		Name of Employe	er	-	•			
Owner		Backa	n zone market					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amor	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		r	x N					
government the contract is with:	Date	Received	Aggregate Contributions	<u>'</u>				
an event reported in Section J1?	Jaic		apropure Continuations					
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Koroveshi		Kristi			2137			
Residential Street Address	City			State	Zip Code			
2221 E Main St		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er	•				
dilevery		Bloate	er st pizza					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
11 yes, interest 15 yes				<u> </u>	_			
Last Name	First			MI	Contribution ID #			
Qato		Leoparo			2138			
Residential Street Address	City			State	Zip Code			
297 Hunters Mount Rd		Naugatuck		СТ	06770			
Principal Occupation		Name of Employ	er					
Stone Mason			lasonry					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent ennu (<u> </u>					
government the contract is with:			x No	1				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Barsanal Chack								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				<u> </u>	Γ			
Last Name	First			MI	Contribution ID #			
Mrsollari		Eris			2139			
Residential Street Address	City			State	Zip Code			
536 Highland Ave		Waterbury		СТ	06708			
Principal Occupation Driver		Name of Employ	en Company					
			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			20 .0					
No No Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
sadriu		safet			2140			
Residential Street Address	City			State	Zip Code			
54 Prospect St		Terryville		СТ	06786			
Principal Occupation		Name of Employ	er	•				
owner		terryv	ville pizza					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x No	1				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name sadriu	First	sokol		MI	2141			
Residential Street Address	City			State	Zip Code			
54 Prospect St		Terryville		СТ	06786			
Principal Occupation		Name of Employ	er	•				
unemployed		umen	nployed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No					
government the contract is with:	Data	Received	Aggregate Contributions	4				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A		<u>, </u>			·			
Last Name	First			MI	Contribution ID #			
Sadriu		Zyrafete			2142			
Residential Street Address	City			State	Zip Code			
54 Prospect St		Terryville		СТ	06786			
Principal Occupation		Name of Employ	er					
Labor		Mirco						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?			1.00.10					
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Lu		Jenny			2143			
Residential Street Address	City			State	Zip Code			
17 Central St		Bristol		СТ	06010			
Principal Occupation		Name of Employ						
Owner Is contributor a principal of a state contractor or prospective state contractor?			ohhvist spouse or	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amot	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
If yes, list Event # 09162017A No No Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gjoni		Krisvllie			2144			
Residential Street Address	City			State	Zip Code			
106 Sharon Ln		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er	-				
teller		peopl	es bank					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	†				
an event reported in Section J1?			· ·					
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gogo		Edmond			2145			
Residential Street Address	City			State	Zip Code			
80 Toll Gate Rd	,	Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
custodian		hartfo	ord public schools					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00			
in yes, list Evenit# 09102017A I Money Order Credit Deon Card								
Last Name	First			MI	Contribution ID #			
Piroli		Dalina			2146			
Residential Street Address	City			State	Zip Code			
153 Norolstand Ave		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				<u>!</u>	r			
Last Name	First			MI	Contribution ID #			
letiana		Hitoalidi			2147			
Residential Street Address	City			State	Zip Code			
92 Havenhill Ave		Trumbull Name of Employ		СТ	06611			
Principal Occupation		cvs h						
pharmacist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Alliot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			80 10					
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A			,					
Last Name	First			MI	Contribution ID #			
Markow		Matthew		R	2148			
Residential Street Address	City			State	Zip Code			
140 Ashton St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•				
Sales		Town	Fair Tire					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A Cash Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Khan		Ilyas			2149			
Residential Street Address	City	Duidenne		State	Zip Code			
3011 Jewett Ave Principal Occupation		Bridgeport Name of Employe	or.	СТ	06606			
unemplyed		Unem						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or General Project 2 Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of)	dependent child of	if a lobbyist?					
government the contract is with:			x _{No}	1				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	00/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	09/.	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Malshi		Vitore			2150			
Residential Street Address	City			State	Zip Code			
126 Abner Ct		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Shift supervisor		CVS						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
No No Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Sevrani		Arta			2151			
Residential Street Address	City			State	Zip Code			
1 Theresa Pl		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe						
Teacher Is contributor a principal of a state contractor or prospective state contractor?			se of Bridgeport obbyist, spouse, or	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	V	Alliot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes We want constitution associated with Yes We have the contribution associated with Yes	Date	Received	Aggregate Contributions	1				
an event reported in section 31:								
If yes, list Event # 09162017A No South Cash Personal Check Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Canaj		Roza			2152			
Residential Street Address	City			State	Zip Code			
4758 Madison Ave		Trumbull		СТ	06611			
Principal Occupation		Name of Employe	er					
Teacher		Truml						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		r	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Jaic		op. op. a. continuations					
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	111144415		MI	Contribution ID #			
Ago	FIISt	Olsen		IVII	2153			
Residential Street Address	City			State	Zip Code			
17 Greenwood St		Hartford		СТ	06106			
Principal Occupation		Name of Employ	er					
truck driver		JB Hu	nt					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative		dependent child of	x No					
government the contract is with.	Doto	Received	Aggregate Contributions	4				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
ago		Lorena			2154			
Residential Street Address	City			State	Zip Code			
17 Greenwood St		Hartford		СТ	06106			
Principal Occupation		Name of Employ	er		•			
Nursing Assistant		Hartfo	ord Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
gylaku	1 1150	kristag			2155			
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code			
172 Charter Rd		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er	•	•			
labor		Broad	lridge solutinos					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist:					
government the contract is with:			x No	1				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
x c p 10 1			4400.00					
If yes, list Event # 09162017A No Cash Personal Check No	09/:	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Veli		Eranda		J	2156			
Residential Street Address	City			State	Zip Code			
11 Rachel Dr		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er	•				
Phlebotomist		St Fra	ances Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
government the contract is with: Executive Legislative				1				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
		16/2017	1400.00		+100.00			
If yes, list Event # 09162017A	09/3	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Veli	1 1130	Spqrtak		1411	2157			
Residential Street Address	City	эрчгик		State	Zip Code			
11 Rachel Dr	City	Rocky Hill		CT	06067			
Principal Occupation	_	Name of Employ	er	<u> </u>	00007			
Ones Operator		Fed E						
			obbyjet enouse or	Amou	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
□ No □ □	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Bollolsian		Marineda			2158			
Residential Street Address	City			State	Zip Code			
19 Hose School Xing		Wethersfield		CT	06109			
Principal Occupation		Name of Employ	er					
Pharmacy tech		St Fra	nces Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
<u> </u>				<u> </u>				
Last Name	First			MI	Contribution ID #			
Gogo		Luleta			2159			
Residential Street Address	City			State	Zip Code			
80 Toll Gate Rd		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
PSA		Middle	e sex Hospital					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child (or a robbyist:					
government the contract is with: Executive Legislative			x No	1				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X _C 1								
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Qafa Qafa	FIISt	Dajti		IVII	2160			
Residential Street Address	City	Dajti		State	Zip Code			
172 Charter Rd	City	Wethersfield		CT	06109			
Principal Occupation		Name of Employ	or	Ci	00109			
Retired		Retire						
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No No Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A				I				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Cylaku		Alma			2161			
Residential Street Address	City	-		State	Zip Code			
172 Charter Rd	,	Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Compliance coordinator		IHC						
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	3/					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
in yes, his Event in OSTOZOTZA Intolog Order Card								
Last Name	First			MI	Contribution ID #			
Qafa		Fitime			2162			
Residential Street Address	City			State	Zip Code			
172 Charter Rd		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Labor		Norpa	ico Inc					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes We would be seen in 112.	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Kostandin		Joan			2163			
Residential Street Address	City			State	Zip Code			
275 Ruth St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
labor		barns						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		перениент сина с	x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
x c +								
If yes, list Event # 09162017A No San Personal Check No	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kostandini	riist	Pandeli		IVII	2164			
Residential Street Address	City	randen		State	Zip Code			
275 Ruth St	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er		00000			
Student		Stude						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
— X C I								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
Kostandini	FIISt	Violeta		IVII	2165			
Residential Street Address	City			State	Zip Code			
275 Ruth St	·	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•	•			
Supvisor		LQdig	ital					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes		unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
kostadini		rolandi			2166			
Residential Street Address	City			State	Zip Code			
275 Ruth St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
operator		burns	cons					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes		ant of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Executive Legislative	В.	D : 1		4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	na/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gjonin		Vaugjel			2167			
Residential Street Address	City			State	Zip Code			
219 Middletown Ave		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
owner		Pizza	house					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Bute	received	riggiogate Contributions					
If yes, list Event # 09162017A No	09/	16/2017	\$100.00		\$100.00			
Lad Name	Pit			MI	Contribution ID #			
Last Name Sadik	First	Gabriela		MII	Contribution ID # 2168			
Residential Street Address	City	Gubricia		State	Zip Code			
219 Middletown Ave		Wethersfield		СТ	06109			
Principal Occupation		Name of Employ	er					
Waiter		Pizza	House					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		Sep same of the	x No					
government the contract is with:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	na/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	I 33/	,,	Ψ100.00	I	T-30100			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Progonati		Gledi			2169			
Residential Street Address	City			State	Zip Code			
37 Hopkins Dr		Newington		СТ	06111			
Principal Occupation		Name of Employ	er	•				
unemployed		unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 71:								
□ No □ □	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Progonati		Dulian			2170			
Residential Street Address	City			State	Zip Code			
37 Hopkins Dr		Newington		СТ	06111			
Principal Occupation		Name of Employ	er					
Student		Stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00			
<u> </u>					-			
Last Name	First			MI	Contribution ID #			
Progonati		Natasha			2171			
Residential Street Address	City			State	Zip Code			
37 Hopkins Dr		Newington		СТ	06111			
Principal Occupation		Name of Employ						
Professor		CCSU		,				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (*					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X _C 1			4400.00					
If yes, list Event # 09162017A Cash Personal Check No	09/	16/2017	\$100.00		\$100.00			
				1				
Last Name	First	El: I		MI	Contribution ID #			
Daja	City	Elida		C+-+-	2172			
Residential Street Address 71 Pheasant Dr	City	Deeley Hill		State	Zip Code			
		Rocky Hill	ON.	СТ	06067			
Principal Occupation Teacher		Name of Employ						
			Day care obbyist, spouse, or	Amon	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	in or Commountion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date		op-opace Continuations					
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	I 33/	,,	Ψ100.00		4-30.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT October 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
daja		Ignis			2173
Residential Street Address	City	D = =1 = 1 100		State	Zip Code
71 Pheasant Dr Principal Occupation	<u> </u>	Name of Employe	or .	СТ	06067
IT service		Teach			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _N	0	
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 09162017A No X Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sadriu		Kadri			2174
Residential Street Address	City			State	Zip Code
54 Prospect St		Terryville		СТ	06786
Principal Occupation		Name of Employe	er		
unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		1	x N	0	
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	7	
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A		·			
Last Name	First			MI	Contribution ID #
sadriu		shaierim			2175
Residential Street Address	City			State	Zip Code
54 Prospect St		Terryville		СТ	06786
Principal Occupation teller		Name of Employ	_{er} n Donuts		
				Amo	unt of Contribution
Yes A No	0	dependent child of	of a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with:			x N	0	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 09162017A X Cash Personal Check Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sadriu	First	Zymrite		IVII	2176
Residential Street Address	City			State	Zip Code
54 Prospect St		Terryville		СТ	06786
Principal Occupation		Name of Employ	er	-	•
Machine Operator			e Manufactoring	_	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	0	
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # 09162017A Solution If yes list Event # 09162017A Solution If yes list Event # 09162017A	09/	16/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I www.ornenon	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original					
• •					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
sadriu		Sahit			2177
Residential Street Address	City	-		State	Zip Code
54 Prospect St Principal Occupation		Terryville Name of Employ	or.	СТ	06786
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of		No	
government the contract is with:	Date	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?					
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
daja		Kuitrium			2178
Residential Street Address	City			State	Zip Code
71 Pheasant Dr		Rocky Hill		СТ	06067
Principal Occupation		Name of Employ	er		
costudian		west l	nartford public schools		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c		No	
Is this contribution associated with The second of the se	Date	Received	Aggregate Contributions		
No No Personal Check	09/:	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A					
Last Name	First			MI	Contribution ID #
daja		ada			2179
Residential Street Address	City			State	Zip Code
71 Pheasant Dr		Rocky Hill		СТ	06007
Principal Occupation		Name of Employ	outfitters		
retial Is contributor a principal of a state contractor or prospective state contractor?				Amo	unt of Contribution
Yes A No)	dependent child o	f a lobbyist?	Yes	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x 1	No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sinbari	riist	Marius		IVII	2180
Residential Street Address	City			State	Zip Code
171 Charter Rd		Wethersfield		СТ	06109
Principal Occupation		Name of Employ	er		•
RN		hebre	w center for health		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or f a lobbyist?	Yes	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes list Event # 09162017A	09/	16/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
gentian	1 1130	Dvorani		WII	2181			
Residential Street Address	City			State	Zip Code			
22 Barsagou Ave		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er	•				
hvac tech		GGo	il llc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent china (x _{No}					
government the conduct is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A		<u>, </u>	•		·			
Last Name	First			MI	Contribution ID #			
pergjoni		Albert			2182			
Residential Street Address	City			State	Zip Code			
511 Frost Rd		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
owner			ts bakery	,				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Bute	received	riggiogate Contributions					
No X Cash Personal Check	09/:	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	,	-, -						
Last Name	First			MI	Contribution ID #			
Dvormi		Juxhin			2183			
Residential Street Address	City			State	Zip Code			
22 Barsagou Ave		Waterbury		СТ	06705			
Principal Occupation		Name of Employ						
labor		GGo						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # 09162017A	09/:	16/2017	\$100.00		\$100.00			
in yes, list Event # 05102017A Involvey Order In Credit Debit Card								
Last Name	First			MI	Contribution ID #			
Myftarago		Engjell		ļ	2184			
Residential Street Address	City	14/= b = ub		State	Zip Code			
1076 Highland Ave		Waterbury	or.	СТ	06708			
Principal Occupation labor		Name of Employ Bridge	er eport hospital					
			abbriggt anguage or	Amou	int of Contribution			
Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
All event reported in Section 31:								
If yes, list Event # 09162017A Solution If yes a list Event # O9162017A Solution If yes a list Event # O9162017A	09/:	16/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
dedegjoni		halim			2185
Residential Street Address	City			State	Zip Code
37 Hopkins Dr		Newington		СТ	06111
Principal Occupation		Name of Employ	er		
unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 11:					
If yes, list Event # 09162017A No Cash Personal Check No Money Order Credit/Debit Card	09/:	16/2017	\$100.00		\$100.00
				L	La
Last Name	First	Cations		MI	Contribution ID #
dedegjoni Residential Street Address	City	Fatime		State	Zip Code
37 Hopkins Dr	City	Newington		CT	06111
Principal Occupation		Name of Employ	er	Ci	00111
unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
X Cash Personal Check					
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
gjoni		antiponi			2187
Residential Street Address	City	<u> </u>		State	Zip Code
219 Middletown Ave		Wethersfield		СТ	06109
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	1 a 1000y1st:		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	00/	16/2017	\$100.00		\$100.00
If yes, list Event # 09162017A	09/	10/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
sadriu		valzim			2188
Residential Street Address	City			State	Zip Code
344 Main St		Thomaston		СТ	06787
Principal Occupation		Name of Employ	er		
Police Officer			of Bristol		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent ennu (x No		
government the contract is with:	Det	Pagaiya4		-	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	09/	16/2017	\$100.00		\$100.00
If yes list Event # 09162017A	I		T	1	

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Rcka		Berisha			2189			
Residential Street Address	City			State	Zip Code			
344 Main St		Thomaston		СТ	06787			
Principal Occupation		Name of Employ						
umemployed			nployed		unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in section 31?								
If yes, list Event # 09162017A	09/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
koraj		gresjana			2190			
Residential Street Address	City			State	Zip Code			
80 Toll Gate Rd		Rocky Hill		СТ	06067			
Principal Occupation		Name of Employ	er					
teller		people	es bank					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent cinia c						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Sash Personal Check	09/	16/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03,	10, 201,	¥100.00					
Last Name	First			MI	Contribution ID #			
Harapi		Alfred			1900			
Residential Street Address	City			State	Zip Code			
1 Barker St		Mount Kisco		NY	10549			
Principal Occupation		Name of Employ						
Team Member Is contributor a principal of a state contractor or prospective state contractor?			obbyist spouse or	A	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child of	V	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	17/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Cako	riist	Ajant		IVII	1901			
Residential Street Address	City	7.54.10		State	Zip Code			
20 Pepper Ridge Rd		Stamford		СТ	06905			
Principal Occupation		Name of Employ	er	•				
Driver		Rudy'	s Limousine					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		аерениен спиа с	x No					
government the contract is with: Executive Legislative	Б.	D		4				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Zash Personal Check	09/	17/2017	\$50.00		\$50.00			
If yes, list Event #	"	,,	Ψ30.00		T-0.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Tilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shehaj		Florian			1902			
Residential Street Address	City			State	Zip Code			
9 Cummings Ave		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er	•	•			
Owner		Energ	y Spray Systems					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No X Cash Personal Check	09/	17/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	,	,						
Last Name	First			MI	Contribution ID #			
Amiti	1 1150	Elidon			1903			
Residential Street Address	City	Liidoii		State	Zip Code			
8 Vonandraus Dr	City	Chamband			06903			
		Stamford		СТ	06903			
Principal Occupation		Name of Employ						
Owner			arble Tile					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (<u> </u>					
government the contract is with:			x _{No}	_				
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00			
<u> </u>				<u> </u>				
Last Name	First			MI	Contribution ID #			
Ginaj		Endri			1904			
Residential Street Address	City			State	Zip Code			
1050 N Hancock St		Phildelphia		PA	19123			
Principal Occupation		Name of Employ	er	•				
Director fo Growth		sisty	puff					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No X Cash Personal Check	09/	17/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A		•			•			
Last Name	First			MI	Contribution ID #			
Pepa		Bruna			1905			
Residential Street Address	City	Brana		State	Zip Code			
41 Burmore Dr W	City	Stamford		CT	06905			
	_		on.	Ci	00903			
Principal Occupation		Name of Employ						
Retired		Retire			unt of Contailersi			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative				4				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore October 10 Filing - Original								
Lumaj Explore				-				
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Pepa		Irena			1906			
Residential Street Address	City	Characterist		State	Zip Code			
41 Burmore Dr W Principal Occupation		Stamford Name of Employe	or	СТ	06905			
Dental Hygenisit			I Care of Stamford					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or f a lobbyist?	Yes Ame	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with:				No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Haliti		Avni			1907			
Residential Street Address	City			State	Zip Code			
43 Terrace Ave		Stamford		СТ	06905			
Principal Occupation		Name of Employe	er	-	•			
Installer			y Spray Systems					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna o	· –	No				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # 09162017A No Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dibra		Artan			1908			
Residential Street Address	City			State	Zip Code			
30 Mapletree Ave		Stamford		СТ	06906			
Principal Occupation		Name of Employ						
property manager			inty riverside drive	A	t			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	bbbyist, spouse, or f a lobbyist?	Yes	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with:			х	No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 09162017A No X Cash Personal Check Oredit/Debit Card	09/	17/2017	\$100.00		\$100.00			
Last Name	First	Falsala		MI	Contribution ID #			
Dibra Residential Street Address	City	Eakela		State	1909 Zip Code			
30 Mapletree Ave	City	Stamford		CT	06906			
Principal Occupation		Name of Employe	er	1 3.	1 00300			
Ultra Sound Tech			wich hospital					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes Ame	ount of Contribution			
If yes, indicate which branch or branches of government the contract is with:		· · ·	x	No				
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes list Event # 09162017A	09/	17/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			October 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First	ii viuuuis		MI	Contribution ID #			
Shehaj	riist	Gentjan		IVII	1910			
Residential Street Address	City	Gentjan		State	Zip Code			
11 Cummings Ave	City	Stamford		CT	06902			
Principal Occupation	L	Name of Employ	or.	Ci	00902			
Ower -			y Spray Systems	A	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the conduct is with.	Date	Received	Aggregate Contributions	†				
an event reported in Section J1?			00 0000					
No X Cash Personal Check	09/	17/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	05,	17, 2017	Ψ100.00					
Last Name	First			MI	Contribution ID #			
shehaj		Gani			1911			
Residential Street Address	City			State	Zip Code			
9 Cummings Ave		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er	<u> </u>	00302			
Retired		Retire						
			obbyjet enouge or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			1.00.10					
No Cash Personal Check	09/	17/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A	03/	17,2017	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
Bilali		Ilir			1912			
Residential Street Address	City			State	Zip Code			
28 Mapletree Ave		Stamford		CT	06906			
Principal Occupation		Name of Employ	er					
Handy man			Cooper Management					
•			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	†				
an event reported in Section J1?								
No X Cash Personal Check	09/:	17/2017	\$100.00		\$100.00			
If yes, list Event # 09162017A								
Last Name	First			MI	Contribution ID #			
Prenka		Dode			1913			
Residential Street Address	City			State	Zip Code			
18 Barmoore East Dr	ĺ	Stamford		СТ	06905			
Principal Occupation		Name of Employ	er	•	•			
owner			y Boy Landscaping					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section 31:								
If yes, list Event # 09162017A	09/	17/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pepa		Alban			1914				
Residential Street Address	City			State	Zip Code				
41 Burmore Dr W		Stamford		СТ	06905				
Principal Occupation		Name of Employ	er						
Ultra Sound tech		Stam	ford Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
U No T	09/	17/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A									
Last Name	First			MI	Contribution ID #				
Ukcamaj		Bardhyl			1915				
Residential Street Address	City	-		State	Zip Code				
115 Cedar Heights Rd		Stamford		СТ	06905				
Principal Occupation		Name of Employ	er						
Manager		Stam	ford Hospital						
			obbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?	Dute	received	riggregate contributions						
No Cash X Personal Check	00/	17/2017	\$100.00		\$100.00				
If yes, list Event # 09162017A	09/.	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
	FIISt	Klata		IVII					
Darragjati Residential Street Address	City	Kleta		State	2651				
	City	Duistal			Zip Code				
840 Burlington Ave		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
unemployed			ployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x No Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Darragjati		Filip			2649				
Residential Street Address	City			State	Zip Code				
840 Burlington Ave		Bristol		СТ					
Principal Occupation		Name of Employ	er						
Plumber/Owner			Darragjati						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (
government the contract is with:			x No						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?	l								
If yes, list Event #	09/	17/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore			Cotober 10 T ming Criginal						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Barnett		John		R	2654				
Residential Street Address	City			State	Zip Code				
200 Beths Ave Principal Occupation		Bristol		СТ	06010				
Retired		Name of Employe Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child o	a loodyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	_					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Tarantino	1 1130	Sandra		M	2655				
Residential Street Address	City			State	Zip Code				
193 Beths Ae		Bristol		СТ	06010				
Principal Occupation		Name of Employe	er	•					
Office Admin		Firest	one Building Products	_					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
x No Resonal Check	09/	17/2017	\$100.00		\$100.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
Ferraj		Merita			2659				
Residential Street Address	City			State	Zip Code				
200 Starkweather Rd		Plainfield		СТ	06354				
Principal Occupation		Name of Employe		_					
Marketing Specialist Is contributor a principal of a state contractor or prospective state contractor?			Station Marketing Specialis		unt of Contribution				
Yes 🔼 No)	dependent child o	37	7111100					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Credit/Debit Card	09/	17/2017	\$100.00		\$100.00				
		I		 	la . i . m "				
Last Name	First	Flora		MI	Contribution ID # 2660				
Brulaj Residential Street Address	City	1 IOI a		State	Zip Code				
42 Valley Rd	City	Cos Cob		CT	06807				
Principal Occupation		Name of Employe	er	1					
Supervisor		Solo N	1anagment						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	09/	17/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT October 10 Filing - Original								
Lumaj Explore	October to Filling - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vangjel		Matilda		<u> </u>	2558				
Residential Street Address	City	5 1		State	Zip Code				
105 Pond Mill Rd	ļ.,	Plantsville Name of Employ	ON .	СТ	06749				
Principal Occupation Laborer		Macy'							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amov	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł					
an event reported in Section J1?			1-88-184-1						
If yes, list Event #	09/	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ferraj		Deborah			2624				
Residential Street Address	City			State	Zip Code				
200 Starkweather Rd		Plainfield		СТ	06354				
Principal Occupation		Name of Employ	er						
student		stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sela		Shkelqim			2467				
Residential Street Address	City			State	Zip Code				
1 N Westwood Rd	<u> </u>	Ansonia		СТ	06401				
Principal Occupation		Name of Employ							
Contractor			Construction						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ferraj		Ahmet			2516				
Residential Street Address	City			State	Zip Code				
200 Starkweather Rd		Plainfield		СТ	06354				
Principal Occupation		Name of Employ							
retired Is contributor a principal of a state contractor or prospective state contractor?		retire	obbriet enouge or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac	Amou	iit of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event # Credit/Debit Card	09/	17/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore	October 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dauti		Egzon			2511				
Residential Street Address	City			State	Zip Code				
38 Cambridge Dr	ļ.,	Prospect Name of Employ	ON .	СТ	06712				
Principal Occupation Finance Officer		Finan							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00/	19/2017	\$20.00		\$20.00				
If yes, list Event #	09/	19/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Simoni		Kel			2616				
Residential Street Address	City			State	Zip Code				
95 Smith St		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
Retired		Retire			unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	09/	19/2017	\$100.00		\$100.00				
ii yes, iist Event #	<u> </u>								
Last Name	First			MI	Contribution ID #				
Simoni	~ .	Kozeta		_	2604				
Residential Street Address 95 Smith St	City	Bristol		State CT	Zip Code 06010				
Principal Occupation	<u>. </u>	Name of Employ	er	CI	00010				
Homemaker			maker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of							
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	00/	40/2047	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	09/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Simoni		Nushe			2605				
Residential Street Address	City			State	Zip Code				
95 Smith St		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			55 -5						
If yes list Event #	09/	19/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I TYPE OF DEPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Zhuta		Mendim			2599				
Residential Street Address	City			State	Zip Code				
208 Ralley Rd		Cos Cob		СТ					
Principal Occupation		Name of Employ	er						
Councelor		Zhuta	Counseling						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with A second of the seco	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
x No Cash Personal Check	09/	19/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Gallani		Matilda			1882				
Residential Street Address	City			State	Zip Code				
3012 45th St		Astoria		NY	11103				
Principal Occupation		Name of Employ	or	INI	11103				
None		None	Ci						
			obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative		.							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	09/	21/2017	\$200.00		\$200.00				
				1	1				
Last Name	First			MI	Contribution ID #				
Redzaj		Diana			2191				
Residential Street Address	City			State	Zip Code				
273 Quincy Ave		Bronx		NY	10465				
Principal Occupation		Name of Employ	er						
Manager		La Jol	ie Hair Salon						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/	28/2017	\$200.00		\$200.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
ndoci		kastriut			2198				
Residential Street Address	City			State	Zip Code				
60 Laurel Pl		Yonkers		NY	10704				
Principal Occupation		Name of Employ	er	•	•				
worker			nstruction						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No T Cash	09/	28/2017	\$40.00		\$40.00				
If yes, list Event # Money Order	I								

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
murphy		patrick		k	2199				
Residential Street Address	City			State	Zip Code				
170 Glover Ave		Yonkers		NY	10704				
Principal Occupation consultant		Name of Employ PGCS							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	00/	28/2017	\$40.00		\$40.00				
If yes, list Event #	03/.	20/2017	\$40.00		\$ 40.00				
Last Name	First			MI	Contribution ID #				
tubiolo		david		J	2200				
Residential Street Address	City			State	Zip Code				
25 Churchill Ave		Yonkers		NY	10704				
Principal Occupation		Name of Employ	er						
legislator			hester county						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Buie	recerred	riggiogate contributions						
X No X Cash Personal Check	09/	28/2017	\$50.00		\$50.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
o'rourke		devin		f	2201				
Residential Street Address	City			State	Zip Code				
295 N Broadway		Yonker		NY	10701				
Principal Occupation		Name of Employ							
project manager		·	obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	V	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	28/2017	\$60.00		\$60.00				
	Б			1.0	C C C D "				
Last Name veitor	First	brandon		MI	Contribution ID # 2202				
Residential Street Address	City	Dianuon		State	Zip Code				
133 Froest Ave	City	Yonkers		NY	10704				
Principal Occupation		Name of Employ	er	1					
П		city o	f yonkers						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or for lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?						
government the contract is with:		Danier 1	X No	-					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	09/	28/2017	\$60.00		\$60.00				
If yes list Event # Money Order Credit/Debit Card	I '''	•	1	I	•				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original						
Lumaj Explore October 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
kepi		morgan				2203
Residential Street Address	City				State	Zip Code
3825 56th St	<u> </u>	Woodside			NY	11377
Principal Occupation handyman		Name of Employed	n towers			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	J	dependent child of	f a lobbyist?			
government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No Zash Personal Check	09/	28/2017	\$100.00			\$100.00
If yes, list Event #			+			
Last Name	First				MI	Contribution ID #
kepi		mariana				2204
Residential Street Address	City				State	Zip Code
3825 56th St		Woodside			NY	11377
Principal Occupation housekeeping		Name of Employ	n hotel			
			abbyiet enouge or	, 1	Amou	nt of Contribution
Yes X No	0	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Credit/Debit Card	09/	28/2017	\$100.00			\$100.00
	L				3.57	0 17 1 17 17
Last Name	First	marko			MI	Contribution ID # 2205
kepi Residential Street Address	City	IIIdi KU			State	Zip Code
29 Governor Rd	City	Staten Island	l		NY	10314
Principal Occupation		Name of Employ		!		
special assistant		NYS S	enate			
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amou	nt of Contribution
If was indicate which branch or branches of	5	dependent child of	i u ioooyist.			
government the contract is with:				No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No	09/	28/2017	\$100.00			\$100.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Jaku		aarela				2206
Residential Street Address	City				State	Zip Code
1841 Williamsbridge Rd Principal Occupation	<u> </u>	Bronx Name of Employe	or.	!	NY	10461
unemployed			ployed			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	1	Amou	nt of Contribution
If was indicate which branch or branches of	U	dependent child of	i a lobbyist?			
government the contract is with: Executive Legislative			х	No		
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?		20/2017	,			+100.00
If yes list Event # Credit/Debit Card	09/	28/2017	\$100.00			\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT October 10 Filing - Original									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pornkaj		Gjergi			2207				
Residential Street Address	City			State	Zip Code				
1841 Williamsbridge Rd		Bronx		NY	10461				
Principal Occupation		Name of Employ	er	•					
construction		gj rea	ilty						
			obbyjet enouge or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	09/	28/2017	\$100.00		\$100.00				
If yes, list Event #		,	7						
Last Name	First			MI	Contribution ID #				
Mundija	1 1150	Kristian			2208				
Residential Street Address	City	Kristian		State	Zip Code				
	City	Vankana		NY	10703				
677 Palisade Ave		Yonkers		INT	10703				
Principal Occupation		Name of Employ							
property management			gate management						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with: Executive Legislative			x No	1					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	28/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
cekaj		enkolana			2209				
Residential Street Address	City			State	Zip Code				
677 Palisade Ave		Yonkers		NY	10703				
Principal Occupation		Name of Employ	er	-					
educator		NYC I	OOE						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No T	09/	28/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
gjergji		Adela			2210				
Residential Street Address	City			State	Zip Code				
126 Glover Ave		Yonkers		NY	10704-4232				
Principal Occupation		Name of Employ	er		20/01 1232				
housewife		none							
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	or contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Dot-	Pagaiyad		4					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		20/2017	+200.00		+200.00				
If yes, list Event # Money Order Credit/Debit Card	09/3	28/2017	\$200.00		\$200.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
gjergji		florian			2211				
Residential Street Address	City			State	Zip Code				
126 Glover Ave		Yonkers		NY	10704				
Principal Occupation		Name of Employ	er						
foreman		gotha	m drywall						
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spays or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 1 at 1 at 1 at 1 at 1 at 1 at 1 a	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	09/	28/2017	\$175.00		\$175.00				
If yes, list Event #	037	20, 201,	Ψ170.00						
Last Name	First			MI	Contribution ID #				
gjelaj	1 1100	lewis			2212				
Residential Street Address	City	iewis		State	Zip Code				
	City	Casuadala		NY	10583				
165 Wyndcliff Rd		Scarsdale		INT	10583				
Principal Occupation		Name of Employ							
president			and sons						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	09/	28/2017	\$375.00		\$375.00				
,									
Last Name	First			MI	Contribution ID #				
toma		anthony			2213				
Residential Street Address	City			State	Zip Code				
157-40 20th Ave		Whitestone		NY	11357				
Principal Occupation		Name of Employ	er						
owner		eagle	lawn sprinklers						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
× No	09/	28/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
begi		sokol			2214				
Residential Street Address	City			State	Zip Code				
151-25 17th Rd		Whitestone		NY	11357				
Principal Occupation		Name of Employ	er						
supervisor			s lawn sprinklers						
			obbyjet enouge or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	7 111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00.	20/2017	#100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	09/.	28/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			October 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Qafa		Simon			2215				
Residential Street Address	City			State	Zip Code				
17 Upland Teracw		White Plains		NY	10604				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with on event concreted in Section 112 Yes Wethod of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
X No Cash X Personal Check	09/2	28/2017	\$200.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Dani		Daniel		s	2216				
Residential Street Address	City			State	Zip Code				
131 Cleveland St		New Britain		СТ	06053				
Principal Occupation		Name of Employ	er	<u> </u>					
outreach		state							
			obbyjet enouge or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	111100	ant of continuation				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
x No Cash Personal Check	007	20/2017	¢10.00		¢10.00				
If yes, list Event # Money Order Credit/Debit Card	09/.	29/2017	\$10.00		\$10.00				
LadNama	First			Lva	Ct-ib-ti ID#				
Last Name	First			MI	Contribution ID #				
rivera	a:	darren			2217				
Residential Street Address	City	N 8 " '		State	Zip Code				
175 Dwight St		New Britain		СТ	06053				
Principal Occupation		Name of Employ							
server			and tap						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with:				_					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	09/2	29/2017	\$10.00		\$10.00				
					I				
Last Name	First			MI	Contribution ID #				
holiday		natalie			2218				
Residential Street Address	City			State	Zip Code				
26 Barnes St		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
fashion sales		reven	ant fashion						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?						
government the contract is with:			x No	1					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/2	29/2017	\$15.00		\$15.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT October 10 Filing - Original					
Lumaj Explore October 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
lipscoms		christopher			2219			
Residential Street Address	City			State	Zip Code			
156 Jubilee St		New Britain		СТ	06051			
Principal Occupation retired		Name of Employer retired						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amor	unt of Contribution			
If yes, indicate which branch or branches of	o	dependent child o	if a lobbyist?					
government the contract is with: Executive Legislative		D : 1	x No	4				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Service Resonal Check	09/	29/2017	\$20.00		\$20.00			
If yes, list Event #	05/.	_5, _5,	Ψ20.00					
Last Name	First			MI	Contribution ID #			
sforza		jessica		L	2220			
Residential Street Address	City			State	Zip Code			
63 Brooklawn St	Щ,	New Britain		СТ	06052			
Principal Occupation		Name of Employe						
hair stylist Is contributor a principal of a state contractor or prospective state contractor?			couture of southington	1 4	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child o	V	s	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┪				
an event reported in Section J1? Yes X Cash Personal Check								
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	09/2	29/2017	\$20.00		\$20.00			
I you, his brone in creative or a creative o	<u> </u>			<u> </u>				
Last Name	First			MI	Contribution ID #			
buckad		todd			2221			
Residential Street Address	City	Now Duitoin		State	Zip Code			
36 Sherrill St Principal Occupation	<u> </u>	New Britain Name of Employe	or	СТ	06051			
auto parts		GPC	C1					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution			
Yes 🔼 N	0	dependent child o	i u ioooyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	7				
an event reported in section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/2	29/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Weber	1 1100	Kurt			2222			
Residential Street Address	City			State	Zip Code			
5 Pinehurst Rd		Bristol		СТ	06010			
Principal Occupation		Name of Employe	er	-	•			
Roller		Amete	ek Inc					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		. r	x No	.]				
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\dashv				
an event reported in Section J1?		,	566 John Tourions	1				
If yes list Event #	09/2	29/2017	\$70.00		\$20.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-1)	TWDE OF DEDONA						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT October 10 Filing - Original									
Lumaj Explore October 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
pope		chad			2223				
Residential Street Address	City			State	Zip Code				
131 Cleveland St		New Britain		СТ	06053				
Principal Occupation		Name of Employ	er		•				
guard		xl cer	iter						
		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
x No Cash Personal Check	09/	29/2017	\$20.00		\$20.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
giardini		jilliam		E	2224				
Residential Street Address	City	Jilliaiii		State	Zip Code				
250 D Brittany Farms Rd	City	New Britain		CT	06053				
Principal Occupation		Name of Employ	or	<u> </u>	00033				
teacher									
			oritain schools	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	09/	29/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Jurkiewicz		enla			2225				
Residential Street Address	City			State	Zip Code				
144 Carr Ave		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
retired		retire	d						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
x No Cash Personal Check	09/	29/2017	\$20.00		\$20.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
legienza		Dave			2226				
Residential Street Address	City			State	Zip Code				
Box 125	City	Amston		CT	06231				
Principal Occupation		Name of Employ	ar .	<u> </u>	00231				
mechanis		data ı							
			abbyist spaysa or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	- F	n · ·		1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	09/	29/2017	\$40.00		\$40.00				

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (50	ection A-1)	TWDE OF DEDONA		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
babij		stephen			2227
Residential Street Address	City			State	Zip Code
126 Jubilee St		New Britain		СТ	06051
Principal Occupation		Name of Employ	er		
machine operator		oakv	industries		
		,	abbyist spaysa or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
T41 (3.6 1/1.34 — M4.1.6 (3.6	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	09/	29/2017	\$40.00		\$40.00
If yes, list Event #		,	4		
Last Name	First			MI	Contribution ID #
watrous	1 1150	jacqueline		M	2228
Residential Street Address	City	Jacqueiiile		State	Zip Code
	City	Dlainvilla			06062
22A Bradley St		Plainville		СТ	06062
Principal Occupation		Name of Employ	er		
homemaker		none			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	09/2	29/2017	\$80.00		\$80.00
Last Name	First			MI	Contribution ID #
trela		darcy		h	2229
Residential Street Address	City			State	Zip Code
64 Kinnear Ave		Newington		СТ	06111
Principal Occupation		Name of Employ	er	•	-
bar manager		bobby	/ place		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
x No Cash Personal Check	09/2	29/2017	\$80.00		\$80.00
If yes, list Event #		•			•
Last Name	First			MI	Contribution ID #
sandera		james		E	2230
Residential Street Address	City	junics		State	Zip Code
	City	New Britain		CT	06051
172 Keasington Ave	_		on.	Ci	00031
Principal Occupation		Name of Employ			
carpenter			ers prospect services		unt of Contailersi
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
	١.				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/2	29/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1	_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR October 10 Filing - Origina		
Lumaj Explore			Cotobol 10 1 ming Chighio		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
klim		Elaine			2231
Residential Street Address	City			State	Zip Code
120 Belden St	l	New Britain		СТ	06051
Principal Occupation Cep		Name of Employers			
			obbysist spanso or	An	ount of Contribution
Yes X N	o	dependent child o		Yes	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31? X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	09/	29/2017	\$100.00		\$100.00
Last Name	First	•		MI	Contribution ID #
Irvin	l list	Tammy		1411	2192
Residential Street Address	City	,		State	Zip Code
130 Chapman St		New Britain		СТ	06051
Principal Occupation	•	Name of Employe	er	•	•
Human Resources		Dattco)		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes An	ount of Contribution
If yes, indicate which branch or branches of		dependent child o	a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	09/	29/2017	\$80.00		\$80.00
If yes, list Event # Money Order X Credit/Debit Card			1		
Last Name	First			MI	Contribution ID #
Ouellette		Katherine			2193
Residential Street Address	City			State	Zip Code
3 Horseshoe Cir		Barkhamsted		СТ	06063
Principal Occupation		Name of Employe			
Claims Adjuster			artford		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child o	obbyist, spouse, or fa lobbyist?	Yes	nount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section 11?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/	29/2017	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Quincy		Homer			2194
Residential Street Address	City			State	Zip Code
36 Westwood Dr		New Britain		СТ	06052
Principal Occupation		Name of Employe	er		
Sales			lartford		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?	Yes An	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x	No.	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?		,	505 Commoduons		
If yes list Event # Cash Personal Check No	09/	29/2017	\$80.00		\$80.00

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L MONETARY RECEIPT	S (Sec	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			October 10 Filing - Original		
B. Itemized Contributions from	m Indi	viduals	•		
Last Name	First			MI	Contribution ID #
Labas		Amy			2195
Residential Street Address	City			State	Zip Code
426 Allen St		New Britain		CT	06053
Principal Occupation		Name of Employe	er		
Teacher		Cerc			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist? Yes	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date R	teceived	Aggregate Contributions		
an event reported in Section J1? X No	09/29	9/2017	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Pena		Josh			2196
Residential Street Address	City	300		State	Zip Code
36 Major Ave		Waterbury		СТ	06705
Principal Occupation	<u> </u>	Name of Employe	er		
RN		Water	bury Hospital		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or f a lobbyist? Yes	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date R	teceived	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	09/29	9/2017	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Dudzinski		Lauren			2197
Residential Street Address	City			State	Zip Code
35 Regency Ct		Bristol		СТ	06010
Principal Occupation	<u>' </u>	Name of Employ	er		!
Receptionist		Sherio	den Woods Health Care Cente	er	
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date R	teceived	Aggregate Contributions		
an event reported in Section J1? X No	09/29	9/2017	\$25.00		\$25.00
			Total of S	Section B	\$92,439.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	+ B)	(Total on Line	14, Column A of Summary Page)		\$92,439.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A -	⊤ D)	(10iui on Line	14, Column A of Summary Page)		, , , , , , , , , , ,

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	I. 1	MONET	ΓARY	Y RECEI	IPTS (S	Section A-I)					
NAME OF COMMITTEE (Prov	ride Complete Name as R	egistered	with C	ommission)				TYPE	E OF R	EPORT
Lumaj Explore									October 10 F	iling - O	riginal
	C1. Co	ntributi	ons fr	om Other	Comm	ittees					
Name of Committee						Name of Treasurer					
Address						ribution associated with	ı an		Yes	No	Amount of Contribution
					event repor	ted in Section J1?					
Cit.		State	Zip Co	de	Date 1	If yes, list Event #	Aggreg	gate Contri	butions		
City											
		<u> </u>					<u> </u>	т	-4-1 -604	C1	
								1	otal of Secti	ion C1	
	I. MONE	TARY I	RECE	EIPTS (S	ection	A-I)					
NAME OF COMMITTEE								Т	TYPE OF RE	PORT	
Lumaj Explore								October 1	0 Filing - Origir	nal	
C	2. Reimbursements o	or Surplu	ıs Dist	tributions	from o	ther Committee	es				
Name of Committee						Name of Treasurer					
Address							Dat	te Receive	d		Amount of Receipt
City		State		Zip Code		Payment Type	-				
						Reimbursement		•			
						Surplus distribu	ition from	explorato	ry committee		
Expenditure #	Description										
								To	otal of Sectio	n C2	
									01 000010	~-	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE					TYPE	OF REPORT					
Lumaj Explore					October 10 F	Filing - Original					
D. Loans Received this Period											
Name of Lender			Source of Loan:				Date of Receipt				
Street Address		City	Bank Candio	date	State	d Other Zip Code	Is there a cosigner or Guarantor of this loan?				
							Yes No				
Name of Cosigner/Guarantor (if applica	able)						Amount Received				
Street Address		City			State	Zip Code					
					<u> </u>	Total of Section	n D				
	I. MONE	TARY RECEIPT	S (Section A-I)								
NAME OF COMMITTEE						TYPE OF REPO					
Lumaj Explore					Octo	ber 10 Filing - Origi	nal				
E. Personal I	Funds of the Candidate Reco	eived this Period (C	andidate Committee	es ONL	Y)						
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	t Card			Amount				
					Total of	Section E					
	I. Mo	netary Receipts (Section A-I)								
NAME OF COMMITTEE					Т	YPE OF REPOR	RT				
Lumaj Explore					October	10 Filing - Original					
	G. Interest from	m Deposits in Auth	orized Accounts		•						
Name of Institution				Di	ate Received		Amount				
Street Address		City		State	Zip	Code					
					T	otal of Section G					

Total of Section I

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE			TYPE OF REPORT								
Lumaj Explore		C	October 10 Filing - Original								
H. Public Grant Funds Received from the Citizens' Election Fund											
Purpose of Grant:	Grant Cycle:		Date Received	Amount							
Initial Grant Adjustment	Primary General Electio	n Special Election									
Supplemental/Post Election Deficit											
Total of Section H											
I.	MONETARY RECEIPTS (Sec	tion A-I)									
NAME OF COMMITTEE			TYPE OF REPOR	RT							
Lumaj Explore		C	October 10 Filing - Original								
I. Miscellaneo	ous Monetary Receipts not Consider	ed Contributions									
Name		Е	Pate of Transaction	Amount Received							
Street Address	City	State	Zip Code								
Description	<u>.</u>	'	•								

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	mission)			TYPE	OF REPO	RT	
Lumaj Explore					October 10 Filing	ı - Original		
	J1. Event Inforn	nation						
Event # Date of Event	Description Cocktail Event						fundraisin	g event?
Location: Street Address 825 Colonel Ledyard Hwy				City Ledyard		•	State CT	Zip Code 06339
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event						a fundraisin Yes	g event?
Location: Street Address 204 Wright Rd				City Danielson			State CT	Zip Code 06239
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section Ja with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event	Description Luncheon Event						ı fundraisin Yes	g event?
Location: Street Address 122 Litchfield Rd				City Harwinton			State CT	Zip Code 06791
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	Y (Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Con	nmission)			TYPE	OF REPO	RT	
Lumaj Explore					October 10 Filing	- Original		
	J1. Event Infor	mation						
Event # Date of Event	Description Dinner Event					Was this a	fundraisin	ng event?
Location: Street Address 73 High St	·			City Derby			State CT	Zip Code 06418
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event					Was this a	fundraisin	ng event?
Location: Street Address 191 High Rd				City Berlin			State CT	Zip Code 06037
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Cocktail Event					Was this a	fundraisin	ng event?
Location: Street Address 412 Chase River Rd				City Waterbury	,		State CT	Zip Code 06704
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	nmission)			TYPE	OF REPO	RT	
Lumaj Explore					October 10 Filing	g - Original		
	J1. Event Inform	nation						
Event # Date of Event	Description Meet and Greet Event						fundraisin	g event?
Location: Street Address 499 Frost Rd				City	,	•	State CT	Zip Code 06705
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event 09/07/2017 Letter A	Description Cocktail Event					l—	n fundraisin Yes	g event?
Location: Street Address 1053 Farmington Ave				City Farmingto	n		State CT	Zip Code 06032
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event	Description Concert Event						ı fundraisin Yes	g event?
Location: Street Address 10 Columbia St				City Waterbury	,		State CT	Zip Code 06705
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Re	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	(Sect	ions J	11 - J4)						
NAME OF COMMITTEE (Provide Con	nplete Name as Registered with Com	mission	1)			TYPE OF REPORT				
Lumaj Explore						October 10 Filing	- Origin	al		
	J1. Event Inform	nation								
Event # Date of Event	Description Party Event						Was th	nis a fundrai Yes	sing event?	
Location: Street Address 41 Barmore Rive W					City Stamford			State CT	Zip Code 06905	
Was this event hosted at a personal residence?		X	Yes No	if yes, go to Section J4 I with a House Party and host(s) for food, beverag	complete requ	aired information for				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	X	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rece	eipts here.)				\$0.00	
Event # Date of Event	Description Cocktail Event						Was th	nis a fundrai Yes	sing event?	
Location: Street Address 120 Belden St					City New Brita	in		State CT	Zip Code 06051	
Was this event hosted at a personal residence?		X	Yes No	if yes, go to Section J4 I with a House Party and host(s) for food, beverag	complete requ	aired information for				
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	X	Yes No	If yes, to to Section J3 I complete required inform		ions not Considered (Contribu	tions and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X	Yes No	(If yes, enter Total Rece	eipts here.)				\$0.00	
					To	tal of Section J1			\$0.00	

II.EVENT ACTIVITY (Sections J1 - J4)									
NAME OF COMMITTEE (Provide	e Complete Name as Reg	istered with Commission)		TYPE OF R	EPOR	Т			
Lumaj Explore October 10 Filing - Origi					jinal				
	J3. In-Kind Donat	ions Not Considered Contri	butions	•					
Name of the Donor									
Street Address			City			State	Zip Code		
Donation Given by: Individual	Description of Donation						arket Value of Oonation		
Business Entity Sole Proprietorship	Date Received	Event #		Aggregate value for this event					
				Total of Section .	13				

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	II.EVENT ACTIVITY (Sect	ions J1 - J4)					
NAME OF COMMITTEE (Provide (Complete Name as Registered with Commission)			ТҮРЕ О	F REPO	ORT	
Lumaj Explore				October 10 Fil	ing - Oriç	ginal	
J4. In-Kir	nd Donations Not Considered Contributions Asso	ciated with a H	louse Party	,			
Name of Host			Is this event s	upporting more t	han one ca	andidate?	
Anne Dauphinais			Yes	X No	If yes, co	-	mization in
Street Address		City	•			State	Zip Code
204 Wright Rd		Danielson				CT	06329
Description of Donation Provided horsd'overs							arket Value of Donation
Event # 08182017A	Aggregate value of this Event - all hosts \$250.00	Aggregate val	ue of all Events	this host/candid-			\$250.00
Name of Host Alban Pepa			Is this event s	X No		omplete Ite	mization in
Street Address		City	•			State	Zip Code
41 Barmore Dr W		Stamford				CT	06090
Description of Donation Prvided cocktails							arket Value of Donation
Event # 09172017A	Aggregate value of this Event - all hosts \$350.00	Aggregate val	ue of all Events	this host/candid-			\$350.00
			Т	otal of Section	n J4		\$600.00

III. NONMONETARY RECEIPTS (Sections K - L)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore					October 10 Fili	ng - Original			
K. In-Kind Contributions									
Name									
Street Address				City			State	Zip Code	
Is this contribution associated with an event reported in Section J1? No If yes, list Event#	I	Description	of In-Kind Contribution				•		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is Contributor a principal of a state contractor or prospective state recontractor or prospective state re									
Type of Contributor:	of Contributor: Date Received Aggregate contributions								
Individual Committee Sole Pr	roprietor	ship							
					Total of	Section K			
III. Non Mon	netar	y Recei	pts (Sections K -	L)					
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commiss	ion)		TYP	E OF REP	ORT		
Lumaj Explore					October 10 Fil	ing - Origina	I		
L. Refundable Deposit	to Tel	ephone	Company		•				
Last Name of Individual		First Nan	ne		MI	Date De	eposit Made		
Residential Street Address	Ci	ty		State	Zip Code			amount of Deposit	
Name of Telephone company	-								
Street Address City State Zip Code									
					Total of S	ection L			

г	V. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Provide Complete Name as F	Registered with Commission)		ТҮРЕ	OF REPORT		
Lumaj Explore			October 10 Fil	ling - Original		
N	N. Expenses Paid By Commi	ittee	<u>'</u>			
Name of Payee Ameriman LLC			Date of Payment 07/05/2017	Method of Payment X Check # 160 Debit Card EFT		
Street Address PO Box 354		City Riverside		State Zip Code CT 06878		
Purpose of Expend Description Media consultant July 2017 CNSLT		Taverside		Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Adde	No (if app	diture # dicable)	Event #	\$3,000.00		
Name of Payee Szvnkowicz 2018			Date of Payment 07/05/2017	Method of Payment X Check # 162 Debit Card EFT		
Street Address 140 Main St		City Middletown		State Zip Code CT 06123		
Purpose of Expend Description Final Expense of Joint Fundrais	ser			Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Adde	No (if app	diture # licable)	Event# 05182017A	\$4.00		
Name of Payee BJ Wholeslae			Date of Payment	Method of Payment Check # Debit Card EFT		
Street Address 75 Spring St		City Southington		State Zip Code CT 06489		
Purpose of Expend OFFICE Description office supplies				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Adde	No (if app	diture # dicable)	Event #	\$82.95		

	IV. EXPENDITURES (S	Sections N - S)				
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT	
Lumaj Explore			C	October 10 Filin	g - Original	
	N. Expenses Paid By Comm	ittee				
Name of Payee CT Country Rentals			Date of Payn		D D	vment heck # <u>159</u> ebit Card
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716
Purpose of Expend OVHD	Description July Office Space					Amount
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		nditure # plicable)	Event #			\$800.00
Name of Payee Explorator Media LLC			Date of Payn		X Do	vment heck # ebit Card FT
Street Address 270 Westport Rd		City Wilton			State CT	Zip Code 06897
Purpose of Expend WEB	Description Email Hosting					Amount
which reimbursement is sough		nditure # plicable)	Event#			\$50.50
Name of Payee United States Post Office	3		Date of Paym 07/06/20		1 =	heck# ebit Card
Street Address 123 Wolcott Rd		City Wolcott			State CT	Zip Code 06716
Purpose of Expend POST	Description Postage					Amount
which reimbursement is sough		nditure # plicable)	Event#			\$49.00

	IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						
Lumaj Explore				October 10 Filin	g - Original	
	N. Expenses Paid By Com	nittee				
Name of Payee Constant Contact			Date of Pays			rment neck # ebit Card
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451
Purpose of Expend OFFICE	Description July Email Marketing					Amount
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		enditure # pplicable)	Event #	ŧ		\$45.45
Name of Payee TD Bank			Date of Pays		1 =	neck# ebit Card
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716
Purpose of Expend BNK	Description Return Check Charge					Amount
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	— I	enditure # pplicable)	Event #	ŧ		\$20.00
Name of Payee TD Bank			Date of Pays		1 =	neck# ebit Card
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716
Purpose of Expend REF	Description bounced check					Amount
which reimbursement is soug		enditure # pplicable)	Event #	±		\$350.00

IV. EXPENDITURES (Sections N - S)		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT
Lumaj Explore		Octob	er 10 Filing - Original
N. Expenses Paid By Com	nittee		
Name of Payee Newegg.com		Date of Payment 07/16/2017	Method of Payment Check # Debit Card X EFT
Street Address 9997 Rosehills Rd	City Whittier		State Zip Code CA 90601
Purpose of Expend OVHD Description	, mace		Amount
	enditure # pplicable)	Event #	\$19.99
Name of Payee Anedot		Date of Payment 07/16/2017	Method of Payment Check # Debit Card X EFT
Street Address PO Box 84314	City Baton Rouge		State Zip Code LA 70884
Purpose of Expend Description Anedot Fees July 2017 BNK	-		Amount
	enditure # pplicable)	Event #	\$152.47
Name of Payee New Haven Pizza Co		Date of Payment 07/17/2017	Method of Payment Check # X Debit Card EFT
Street Address 747 Wolcott Rd	City Wolcott		State Zip Code CT 06716
Purpose of Expend FOOD Description			Amount
	enditure # pplicable)	Event #	\$119.20

IV. EXPENDITURES (Sections N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT	
Lumaj Explore		October 10 Filing	g - Original	
N. Expenses Paid By Com	mittee			
Name of Payee Scott Cleary		Date of Payment 07/20/2017	1 =	eck # bit Card
Street Address 226 Andrews Rd	City Wolcott		State CT	Zip Code 06716
Purpose of Expend Description July WAGE				Amount
	enditure # ppplicable)	Event #		\$850.00
Name of Payee Sean Cleary		Date of Payment 07/20/2017		eck # bit Card
Street Address 54 East St	City Wolcott		State CT	Zip Code 06716
Purpose of Expend WAGE Description July				Amount
•	penditure # ppplicable)	Event #		\$3,250.00
Name of Payee Brock Weber		Date of Payment 07/20/2017	1 =	eck # bit Card
Street Address 98 Winthrop St	City New Britain		State CT	Zip Code 06052
Purpose of Expend Description July WAGE				Amount
	enditure # pplicable)	Event #		\$6,000.00

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Lumaj Explore			C	October 10 Filin	g - Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Cassandra Dudinski			Date of Paym 07/20/20		1 =	neck# ebit Card	
Street Address 35 Regency Ct		City Bristol	•		State CT	Zip Code 06716	
Purpose of Expend WAGE	Description july					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	— 1 40	nditure# plicable)	Event#			\$2,500.00	
Name of Payee Paychex			Date of Paym 07/20/20		1 =	neck# ebit Card	
Street Address 714 Brook St Ste 120 , 1	140	City Rocky Hill			State CT	Zip Code 06067	
Purpose of Expend OVHD	Description Paycecx Fee and workers comp insurance					Amount	
Is this expenditure coordinate which reimbursement is soughtful to the sou	— I	nditure # plicable)	Event #			\$135.01	
Name of Payee Laning St LLC			Date of Paym 07/25/20		1 =	neck# <u>161</u> ebit Card	
Street Address 35 W Main St		City Plantsville			State CT	Zip Code 06479	
Purpose of Expend OVHD	Description offie space lease					Amount	
which reimbursement is soug	— I	nditure # plicable)	Event #			\$1,500.00	

IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE O	F REPORT		
Lumaj Explore		October 10 Filing	g - Original		
N. Expenses Paid By Commi	ittee				
Name of Payee Mark's Restaurant		of Payment 26/2017		eck # bit Card	
Street Address 37 Pleasant St	City Enfield		State CT	Zip Code 06082	
Purpose of Expend FOOD				Amount	
	diture #	Event #		\$26.75	
Name of Payee Staples		of Payment 28/2017		eck # bit Card	
Street Address 910 Wolcott Rd	City Waterbury		State CT	Zip Code 06570	
Purpose of Expend OFFICE Description				I Amount	
· · · · · · · · · · · · · · · · · · ·	diture #	Event #		\$775.00	
Name of Payee New Britain Diner Restaurant		of Payment 28/2017	=	eck # bit Card	
Street Address 1130 Corbin Ave ,	City New Britain		State CT	Zip Code 06053	
Purpose of Expend FOOD Description				Amount	
	diture #	Event #		\$30.91	

	IV. EXPENI	DITURES (Se	ections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Lumaj Explore					October 10 Filino	g - Original	
	N. Expenses F	Paid By Commi	ttee				
Name of Payee TD Bank				Date of Pays		. =	neck #
Street Address 826 Wolcott Rd			City Wolcott			State CT	Zip Code 06716
Purnose of Expend	Description July Account Fees						Amount
Is this expenditure coordinated which reimbursement is sough If yes, assign an Expenditure #		Yes Expend No (if appl	diture # licable)	Event #	ŧ		\$8.00
Name of Payee Tracy-Driscoll Insurance 8	k Financial Services			Date of Pays			neck #
Street Address 126 Main St			City Bristol			State CT	Zip Code 06010
Purpose of Expend	Description Insurance Cost						Amount
Is this expenditure coordinated which reimbursement is sough If yes, assign an Expenditure #			diture # licable)	Event #	ŧ		\$1,197.89
Name of Payee Lakeview Restaruant				Date of Pays 08/04/20		1 =	neck #
Street Address 50 Lake St			City Coventry			State CT	Zip Code 06238
Purpose of Expend	Description Meeting						Amount
Is this expenditure coordinated which reimbursement is sough If yes, assign an Expenditure #		Yes Expend No (if appl	liture # licable)	Event #	±		\$145.63

IV. EXPEN	NDITURES (S	ections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with	ith Commission)			ТҮРЕ О	OF REPORT		
Lumaj Explore				October 10 Filin	g - Original		
N. Expenses	Paid By Commi	ittee					
Name of Payee Ameriman LLC			Date of Pays 08/05/20		De De	rment heck # 163 ebit Card	
Street Address PO Box 354		City Riverside			State CT	Zip Code 06878	
Purpose of Expend Description August 2017 media consultant CNSLT		1				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		diture # licable)	Event #	#		\$3,000.00	
Name of Payee Cassandra Dudinski			Date of Payr			rment neck # <u>164</u> ebit Card	
Street Address 35 Regency Ct		City Bristol			State CT	Zip Code 06716	
Purpose of Expend Description Mileage TRVL						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		diture # licable)	Event #	#		\$294.13	
Name of Payee Constant Contact			Date of Pays 08/07/20		De De	rment neck # ebit Card FT	
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451	
Purpose of Expend Description August Email Marketing OFFICE						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		diture # licable)	Event #			\$45.45	

IV. EXPENDITURES (Sections N - S)		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYF	PE OF REPORT
Lumaj Explore		October 10	Filing - Original
N. Expenses Paid By Com	mittee	'	
Name of Payee Staples		Date of Payment 08/10/2017	Method of Payment Check # X Debit Card EFT
Street Address 910 Wolcott Rd	City Waterbury		State Zip Code CT 06570
Purpose of Expend Description Misc Supplies	Waterbury		Amount
	penditure # applicable)	Event#	\$148.91
Name of Payee Anedot		Date of Payment 08/16/2017	Method of Payment Check # Debit Card X EFT
Street Address PO Box 84314	City Baton Rouge		State Zip Code LA 70884
Purpose of Expend Description Anedot fees August 2017 BNK	•		Amount
• • • • • • • • • • • • • • • • • • • •	penditure # applicable)	Event#	\$52.06
Name of Payee Staples		Date of Payment 08/17/2017	Method of Payment Check # X Debit Card EFT
Street Address 910 Wolcott Rd	City Waterbury		State Zip Code CT 06570
Purpose of Expend OFFICE Description			Amount
	penditure # applicable)	Event #	\$202.92

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT		
Lumaj Explore		c	October 10 Filing	g - Original		
N. Expenses Paid By Com	nittee					
Name of Payee Maugle Sierra Vineyards		Date of Paym		1 =	neck # <u>169</u> bbit Card	
Street Address 827 Colonel Ledyard Hwy	City Ledyard			State CT	Zip Code 06339	
Purpose of Expend Description fundraiser cost FNDR *					Amount	
- · · · · · · · · · · · · · · · · · · ·	enditure # pplicable)	Event # 0818201	17A		\$156.01	
Name of Payee Harwinton Pizza & Restaurant		Date of Paym 08/19/201			neck# <u>170</u> bbit Card	
Street Address 122 Litchfield Rd	City Harwinton			State CT	Zip Code 06791	
Purpose of Expend Description Food at 8/19 Event FNDR *					Amount	
	enditure # pplicable)	Event # 0820201	17A		\$100.00	
Name of Payee Sons of Italy		Date of Paym 08/19/201		ı =	neck # <u>171</u> bbit Card	
Street Address 73 High St , Derby	City Derby			State CT	Zip Code 06418	
Purpose of Expend Description event costs FNDR *					Amount	
•	enditure # pplicable)	Event #			\$2,200.00	

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT		
Lumaj Explore		October 10 Filir	ng - Original		
N. Expenses Paid By Comr	nittee	'			
Name of Payee Charles Pronessa		Date of Payment 08/20/2017	Method of Payment X Check # 172 Debit Card EFT		
Street Address 1906 Chamberlin Hyw	City Berlin		State Zip Code CT 06037		
Purpose of Expend Description reimbursement for room cost FNDR *	Amount				
- · · · · · · · · · · · · · · · · · · ·	enditure # oplicable)	Event # 08202017A	\$310.00		
Name of Payee Spectrum Marketing	Method of Payment X Check # 165 Debit Card EFT				
Street Address 95 Eddy Rd # 101	City Manchester		State Zip Code NH 03102		
Purpose of Expend A-DM Description			Amount		
	enditure # pplicable)	Event #	\$230.00		
Name of Payee Michael Meadows		Date of Payment 08/20/2017	Method of Payment X Check # 168 Debit Card EFT		
Street Address 66 Riverside Dr	City Baltic		State Zip Code CT 06330		
Purpose of Expend Description cost FNDR *			Amount		
	enditure # pplicable)	Event # 08182017A	\$100.46		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Lumaj Explore			C	October 10 Filing	g - Original		
	N. Expenses Paid By Comn	nittee	1				
Name of Payee Sons of Italy			Date of Paym 08/20/20		1 —	neck# <u>167</u> ebit Card	
Street Address 73 High St , Derby		City Derby	•		State CT	Zip Code 06418	
Purpose of Expend Description POOD Deposit on Room						Amount	
which reimbursement is sous		nditure # pplicable)	Event #	17A		\$100.00	
Name of Payee Date of Payment Scott Cleary 08/20/2017					Method of Payment Check # Debit Card X EFT		
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend WAGE	Description August					Amount	
which reimbursement is sough	— I	nditure # oplicable)	Event #		\$850.00		
Name of Payee Sean Cleary			Date of Paym 08/20/20		1 =	neck# ebit Card	
Street Address 54 East St		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend WAGE	Description August					Amount	
which reimbursement is sough	— I	nditure # pplicable)	Event #			\$3,250.00	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O					TYPE OF REPORT			
Lumaj Explore			C	October 10 Filin	g - Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Brock Weber			Date of Payn		1 =	neck # ebit Card		
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052		
Purpose of Expend WAGE Description august						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$6,000.00		
Name of Payee Date of Payment Paychex 08/20/2017						Method of Payment Check # Debit Card X EFT		
Street Address 714 Brook St Ste 120 , 1	.40	City Rocky Hill			State CT	Zip Code 06067		
Purpose of Expend OVHD	Description Paychex fee and Workers Comp Insurance					Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou		nditure # plicable)	Event#		\$135.01			
Name of Payee Cassandra Dudinski			Date of Payn		Method of Payment Check # Debit Card X EFT			
Street Address 35 Regency Ct		City Bristol			State CT	Zip Code 06716		
Purpose of Expend WAGE	Description August					Amount		
Is this expenditure coordinate which reimbursement is soughtful tyes, assign an Expenditure		nditure # plicable)	Event#			\$2,500.00		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	PE OF REPORT		
Lumaj Explore			(October 10 Filinç	g - Original		
	N. Expenses Paid By Commi	ttee					
Name of Payee CT Country Rentals			Date of Payr 08/21/20		1 =	neck # 166 ebit Card	
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend OVHD Description Office Space lease August						Amount	
Is this expenditure coordinated with another candidate for						\$800.00	
Name of Payee Cavallo's Imported Italian Fd Date of Payment 08/24/2017					Method of Payment X Check # 174 Debit Card EFT		
Street Address 1892 E Main St		City Waterbury			State CT	Zip Code 06705	
Purpose of Expend FNDR *	Description food					Amount	
which reimbursement is sough	ed with another candidate for Yes Expendent? No (if apple # and complete Itemization in Addendum		Event #		\$531.75		
Name of Payee Charles Pronessa Date of Payment 08/24/2017					Method of Payment X Check # 173 Debit Card EFT		
Street Address 1906 Chamberlin Hyw		City Berlin			State CT	Zip Code	
Purpose of Expend FNDR *	Description food for fundraiser					Amount	
which reimbursement is soug	ed with another candidate for Yes Expend (if apple # and complete Itemization in Addendum		Event #		\$58.46		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	PE OF REPORT			
Lumaj Explore				October 10 Filin	g - Original			
	N. Expenses Paid By Comm	nittee						
Name of Payee Ami's Crispy Bagels & De	eli		Date of Payr			neck #		
Street Address 2457 E Main St # 2B		City Waterbury			State CT	Zip Code 06705		
Purpose of Expend Description FOOD						I Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						\$47.45		
Name of Payee Walgreens Date of Payment 08/28/2017					Method of Payment Check # Debit Card EFT			
Street Address 11 Meriden Rd		City Waterbury			State CT	Zip Code 06705		
Purpose of Expend OVHD	Description					Amount		
which reimbursement is sough		nditure # plicable)	Event #	1	\$20.13			
Name of Payee Dunkin Donuts		_	Date of Payr 08/28/20		1 =	neck #		
Street Address 2586 E Main St		City Waterbury			State CT	Zip Code 06705		
Purpose of Expend FOOD	Description					Amount		
which reimbursement is soug		nditure # plicable)	Event #		\$16.98			

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	OF REPORT					
Lumaj Explore		October 10 Filing	ng - Original			
N. Expenses Paid By Com	mittee					
Name of Payee Astrit Dungu		Pate of Payment 18/29/2017	ı	neck # <u>176</u> bbit Card		
Street Address 733 Greeley Ave	City Fairview		State NJ	Zip Code 07022		
Purpose of Expend Description Band Deposit 9/16 FNDR *				Amount		
·	penditure # pplicable)	Event # 09162017A		\$500.00		
Name of Payee Nonna's Pizza Restaurant	Method of Payment X Check # 175 Debit Card EFT					
Street Address 140 S Main St # 1	City East Windsor		State CT	Zip Code 06088		
Purpose of Expend Description foord 8/27 event FNDR *				Amount		
•	penditure # ppplicable)	Event # 08202017A		\$122.00		
Name of Payee TD Bank		Date of Payment 18/31/2017	ı =	neck #		
Street Address 826 Wolcott Rd	City Wolcott		State CT	Zip Code 06716		
Purpose of Expend Description August 2017 Account Fees BNK				Amount		
	enditure # pplicable)	Event#		\$8.00		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT			
Lumaj Explore		c	October 10 Filing	g - Original			
N. Expenses Paid By Com	nittee						
Name of Payee Mirela Mero		Date of Paym 09/01/202		1 =	neck# <u>178</u> bbit Card		
Street Address 194 Broadway	City Saugus			State MA	Zip Code 01906		
Purpose of Expend Description performer deposit 9/16 FNDR *			Amount				
	enditure # pplicable)	Event # 0916203	17A		\$2,000.00		
Name of Payee Date of Payment Agim Muja 09/01/2017					Method of Payment X Check # 177 Debit Card EFT		
Street Address 72 Cayuga Ave	City Staten Island			State NY	Zip Code 10301		
Purpose of Expend Description deposit FNDR *	•				Amount		
	enditure # pplicable)	Event # 0916203	17A		\$1,500.00		
Name of Payee Date of Payment Staples 09/01/2017					ment neck # sbit Card T		
Street Address 910 Wolcott Rd	City Waterbury			State CT	Zip Code 06570		
Purpose of Expend OFFICE Description					Amount		
	enditure # pplicable)	Event #			\$168.00		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			ТҮРЕ О	E OF REPORT			
Lumaj Explore		C	October 10 Filin	g - Original			
N. Expenses Paid By Comm	ittee						
Name of Payee Dunkin Donuts		Date of Payr		1 =	neck #		
Street Address 2586 E Main St	City Waterbury			State CT	Zip Code 06705		
Purpose of Expend FOOD Description		Amount					
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	\$150.91						
Name of Payee Ragozzino's Pizza & Restaurant Date of Payment 09/01/2017					Method of Payment Check # X Debit Card EFT		
Street Address 1428 Meriden Rd	City Waterbury			State CT	Zip Code 06705		
Purpose of Expend FOOD Description					Amount		
	diture# licable)	Event #			\$114.55		
Name of Payee Big Dollar Liquors		Date of Payn			neck #		
Street Address 874 Terryville Ave	City Terryville			State CT	Zip Code 06010		
Purpose of Expend FOOD					Amount		
	diture # /licable)	Event #			\$8.62		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT			
Lumaj Explore				October 10 Filin	g - Original			
	N. Expenses Paid By Comm	nittee						
Name of Payee Constant Contact			Date of Payn 09/07/20			yment heck # ebit Card FT		
Street Address 1601 Trapelo Rd		City Waltham	•		State MA	Zip Code 02451		
Purpose of Expend OFFICE Description September Email Marketing						Amount		
Is this expenditure coordinated with another candidate for						\$45.45		
Name of Payee Date of Payment Staples 09/07/2017					Method of Payment Check # X Debit Card EFT			
Street Address 910 Wolcott Rd		City Waterbury			State CT	Zip Code 06570		
Purpose of Expend OFFICE	Description					Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	— I	enditure # oplicable)	Event#		\$356.83			
Name of Payee Laning St LLC			Date of Payn 09/12/20			yment heck # <u>180</u> ebit Card FT		
Street Address 35 W Main St		City Plantsville			State CT	Zip Code 06479		
Purpose of Expend OVHD	Description Rent 9/16-10-15					Amount		
which reimbursement is sough	— 1	enditure # oplicable)	Event #			\$1,500.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	YPE OF REPORT			
Lumaj Explore			C	October 10 Filing	ng - Original			
	N. Expenses Paid By Comm	ittee						
Name of Payee Lebinot Rexha			Date of Payn		Do	yment heck # <u>185</u> ebit Card		
Street Address 72 Cayuga Ave		City Staten Island			State NY	Zip Code 10301		
Purpose of Expend Purpose of Expend FNDR * Description Preformer 9/16 event						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$2,000.00		
Name of Payee Date of Payment Alberija Hadergjona 09/12/2017						Method of Payment X Check # 183 Debit Card EFT		
Street Address 1004 Rhinelander		City Bronx			State NY	Zip Code 10462		
Purpose of Expend FNDR *	Description performer 9/16 event					Amount		
which reimbursement is sough		nditure # plicable)	Event #		\$2,000.00			
Name of Payee B & N Package Store Date of Payment 09/12/2017					Method of Payment X Check # 181 Debit Card EFT			
Street Address 1308 E Main St		City Waterbury			State CT	Zip Code 06705		
Purpose of Expend FNDR *	Description beverage 9/16 event					Amount		
which reimbursement is soug	—	nditure # plicable)	Event #			\$2,744.70		

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ТҮРГ	E OF REPORT			
Lumaj Explore		October 10 F	iling - Original			
N. Expenses Paid By Com	nittee					
Name of Payee Blerina Bracka		Date of Payment 09/12/2017	Method of Payment X Check # 184 Debit Card EFT			
Street Address 194 Broadway	City Saugus		State Zip Code MA 01906			
Purpose of Expend Description performer 9/16 FNDR *	Amount					
	enditure # pplicable)	Event # 09162017A	\$1,000.00			
Name of Payee Laning St LLC	Method of Payment X Check # 189 Debit Card EFT					
Street Address 35 W Main St	City Plantsville		State Zip Code CT 06479			
Purpose of Expend OVHD Description electricity cost (share)	•		Amount			
	enditure # pplicable)	Event #	\$137.36			
Name of Payee Staples		Date of Payment 09/13/2017	Method of Payment Check # X Debit Card EFT			
Street Address 910 Wolcott Rd	City Waterbury		State Zip Code CT 06570			
Purpose of Expend OFFICE Description			Amount			
	enditure # pplicable)	Event #	\$156.75			

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)	Sections IV - 5)		TYPE OF REPORT		
Lumaj Explore			Octol	ober 10 Filing - Original		
3 1	N. Expenses Paid By Comm	nittee				
Name of Payee Cox Communications	Method of Payment Check # X Debit Card EFT					
Street Address 687 E Main St		City Meriden		State Zip Code CT 06450		
Purpose of Expend OFFICE	Amount					
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$531.41					
Name of Payee Brock Weber	Method of Payment X Check # 187 Debit Card EFT					
Street Address 98 Winthrop St		City New Britain		State Zip Code CT 06052		
Purpose of Expend RMB	Description Supplies for Fund Riaser			Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou		enditure # oplicable)	Event #	\$1,533.11		
Name of Payee CT Country Rentals		_	Date of Payment 09/14/2017	Method of Payment X Check # 186 Debit Card EFT		
Street Address 108 Mad River Rd		City Wolcott		State Zip Code CT 06716		
Purpose of Expend OVHD	Description Office Space lease			Amount		
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	\$800.00					

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C					TYPE OF REPORT		
Lumaj Explore			(October 10 Filin	g - Original		
	N. Expenses Paid By Commi	ittee					
Name of Payee Harwinton Pizza & Restaurant Date of Payment 09/15/2017						rment neck # <u>182</u> ebit Card	
Street Address 122 Litchfield Rd		City Harwinton			State CT	Zip Code 06791	
Purpose of Expend FNDR *	Description food 9/16 event					Amount	
Is this expenditure coordinated with another candidate for Wes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum Event # O9162017A					\$6,912.75		
Name of Payee Date of Payment Anedot 09/16/2017						rment neck # ebit Card	
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884	
Purpose of Expend Description September 2017 Fees Amount						Amount	
Is this expenditure coordinated with another candidate for Wes Expenditure # Event # Which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum						\$81.48	
Name of Payee Paychex Date of Payment 09/20/2017					Method of Payment Check # Debit Card X EFT		
Street Address 714 Brook St Ste 120 , 1	40	City Rocky Hill			State CT	Zip Code 06067	
Purpose of Expend OVHD	Description Paychex Fee and Workers comp					Amount	
which reimbursement is soug		diture # licable)	Event#			\$135.01	

IV. EXPENDITURES (Sections N - S)							
					TYPE OF REPORT		
Lumaj Explore			0	ctober 10 Filin	ling - Original		
	N. Expenses Paid By Com	mittee					
Name of Payee Cassandra Dudinski						rment neck # ebit Card	
Street Address 35 Regency Ct		City Bristol	1		State CT	Zip Code 06716	
Purpose of Expend WAGE	Description September					Amount	
Is this expenditure coordinated with another candidate for						\$2,500.00	
Name of Payee Date of Payment Sean Cleary 09/20/2017						neck # ebit Card	
Street Address 54 East St		City Wolcott			State CT	Zip Code 06716	
Description						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					\$3,250.00		
Name of Payee Date of Payment Brock Weber 09/20/2017					Method of Payment Check # Debit Card X EFT		
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend WAGE	Description september	·				Amount	
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	— I	penditure # applicable)	Event #			\$6,000.00	

IV. EXPENDITURES (Sections N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	OF REPORT			
Lumaj Explore		October 10 Filing	ı - Original	
N. Expenses Paid By Comm	nittee			
Name of Payee Scott Cleary		Date of Payment	Method of Payment Check # Debit Ca	
Street Address 226 Andrews Rd	City Wolcott			ip Code 716
Purpose of Expend Description September WAGE			Amo	unt
- · · · · · · · · · · · · · · · · · · ·	enditure # pplicable)	Event #	\$	850.00
Name of Payee TD Bank	Method of Payment Check # Debit Card X EFT			
Street Address 826 Wolcott Rd	City Wolcott			iip Code 716
Purpose of Expend Description September Bank Fees BNK			Amo	unt
· · · · · · · · · · · · · · · · · · ·	enditure # pplicable)	Event#	\$	114.31
Name of Payee Cassandra Dudinski		Date of Payment	Method of Payment X Check # Debit Ca	
Street Address 35 Regency Ct	City Bristol			in Code 716
Purpose of Expend Description Mileage TRVL			Amo	unt
	enditure # pplicable)	Event#	\$	522.92

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF RI	PE OF REPORT			
Lumaj Explore		Oc	ctober 10 Filing - Or	riginal	
N. Expenses Paid By Comm	nittee				
Name of Payee Cugino's Restaurant of Farmington		nod of Payment X Check # 188 Debit Card EFT			
Street Address 1053 Farmington Ave	City Farmington		State CT	Zip Code 06032	
Purpose of Expend Poscription food FNDR * Description food	rannington		CI	Amount	
• • • • • • • • • • • • • • • • • • • •	enditure # oplicable)	Event # 08202017	7A	\$874.67	
Name of Payee Rakip Etemi		Method of Payment X Check # 190 Debit Card EFT			
Street Address 122 Litchfield Rd	City Harwinton		State CT	Zip Code 06791	
Purpose of Expend Description 9/16 event FNDR *				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	7A	\$1,308.10			
Name of Payee Rakip Etemi		nod of Payment X Check # 192 Debit Card EFT			
Street Address 122 Litchfield Rd	City Harwinton		State CT	Zip Code 06791	
Purpose of Expend Description clean up of 9/16 event FNDR *				Amount	
	enditure # oplicable)	Event # 09162017	7A	\$2,000.00	

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
Lumaj Explore		October 10	Filing - Original		
N. Expenses Paid By Com	nittee	'			
Name of Payee Burke's Bar & Restaurant	Method of Payment X Check # 193 Debit Card EFT				
Street Address 645 Bronx River Rd	City Yonkers		State Zip Code NY 10704		
Purpose of Expend FNDR * Description food	Amount				
	enditure # pplicable)	Event# 08182017A	\$285.00		
Name of Payee TD Bank	Method of Payment Check # Debit Card EFT				
Street Address 826 Wolcott Rd	State Zip Code CT 06716				
Purpose of Expend Description Charge back on bounced checks, order checks BNK	Amount				
	enditure # pplicable)	Event#	\$280.61		
Name of Payee Internal Revenue Service	Method of Payment Check # Debit Card EFT				
Street Address PO Box 804521	City Cincinnati		State Zip Code OH 45208		
Purpose of Expend Description Federal Umenployment Q3 WAGE			Amount		
	enditure # pplicable)	Event #	\$11.40		

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			TYPE OF	FREPOR	Т
Lumaj Explore				October 10 Filing	- Original	
	N. Expenses Paid By Comm	ittee				
Name of Payee Connecticut Department of Labor Date of Payment M 09/30/2017						Payment Check # Debit Card EFT
Street Address 200 Folly Brook Blvd	City Stat					Zip Code 06109
Purpose of Expend WAGE	Description Ct unemployment Q3					Amount
Is this expenditure coordinated with another candidate for Wes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum						\$99.45
Name of Payee Date of Payment US Social Security Administration 09/30/2017						ayment Check # Debit Card EFT
Street Address 51 N Elm St # 1		City Waterbury			State CT	Zip Code 06702
Purpose of Expend WAGE	Description Matching FICA Q3					Amount
Is this expenditure coordinated with another candidate for					•	\$2,891.72
				Total of So	ection N	\$87,757.58

	IV.	EXPENDITURES (Sec	tions N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYP	TYPE OF REPORT			
						October 10 Fil	ing - Original	
	O. Expe	enses Paid By Candidate						
Name of Payee (Name of vendor who	candidate paid directly)			I	Date of Payn	nent	Is Reimburseme	ent Claimed? Yes No
Street Address		City	S	State	Zip Co	ode		Amount
Purpose of Expenditure (by code)	cription		<u>'</u>	Е	vent#			
•						Total	of Section O	
	IV. EXP	ENDITURES (Sections N	(- S)					
NAME OF COMMITTEE (F	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore						October 10 Filing	- Original	
	P. Expenses	Incurred on Committee C	redit Card		·			
Name of Issuing Institution			Type of Cre Visa Othe	ì	i: Master	Card Di	scover	American Express
Name of Vendor							Date of T	ransaction
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	Description							Amount
Is this expenditure coordinated w which reimbursement is sought?	rith another candidate for	Yes No	Expenditure # (if applicable)		Ever	nt#		
If yes, assign an Expenditure # ar	nd complete Itemization in Adder	dum						
						Total of Sect	ion P	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF							
Lumaj Explore		October 10 Filing -	October 10 Filing - Original				
Q. Expenses Incurred By Committee but N							
Name of Creditor			Date Incurre	ed			
treet Address City			State	Zip Code			
Purpose of Expenditure (by code) Description				unt Incurred late or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # E (if applicable)	event#					
		Total of Section Q					

		IV. EXPENDI	ITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT							
Lumaj Explore							October	10 Filing - Origin	al		
	R. Itemizatio	on of Reimburse	ements and	l Secondary Pa	iyees	l					
Last Name of Worker/Consultant		First			MI	Date	of Payme	nt to Vendor		/Consu	imburse Committee Itant as reported in
										Chec	k #
											t Card
Name of Vendor Paid by Committ	ree Worker/Consultant									EFT	
Street Address of Vendor				City					Sta	nte	Zip Code
Purpose of Expenditure (by code) Description											
Is this expenditure coordinated wit which reimbursement is sought?	th another candidate for		es	Expenditure # (if applicable)			Event #				Amount
If yes, assign an Expenditure # and	d completes Itemization in Ac	N ddendum R	10								
							Total of	Section R			
		IV. EXPE	NDITUR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE	E (Provide Complete N	Name as Registered	d with Com	mission)				ΓΥΡΕ OF RE			
Lumaj Explore							October 1	10 Filing - Origin	al		
	S. :	Surplus Distrib	ution of E	quipment and	Furniture						
Name of Recipient											
Street Address	State Zip Code					Original Purchase Amount of Item					
Description of Item											
								Total of So	ection S		

	Section J4. ADDENDUM					
NAME OF COMMITTEE			TYPE OF REPORT			
J4. In - Kind Donat	ions Not Considered Contribution Asso	ciated with a Hou	se Party - Addendum			
Event #						
Name of Candidate						
	Section N. ADDENDUM					
NAME OF COMMITTEE			TYPE OF REPORT			
N. Expenses Paid By Committee - Addendum						
Expenditure #			Amount of Expenditure			
Name of Candidate		Offic	ee Sought			
	Section P. ADDENDUM					
NAME OF COMMITTEE			TYPE OF REPORT			
1	P. Expenses Incurred on Committee Cr	edit Card - Adder	ndum			
Expend	liture #		Amount of Expenditure			
Name of Candidate		•	Office Sought			

Section Q. ADDENDUM						
NAME OF COMMITTEE		TYPE OF REPORT				
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum						
Expenditure #		Amount of Expenditure				
Name of Candidate		Office Sought				

Section R. ADDENDUM		ı				
NAME OF COMMITTEE		TYPE OF REPORT				
R. Itemization of Reimbursements and Secondary Payees - Addendum						
Expenditure #		Amount of Expenditure				
Name of Candidate		Office Sought				