

SEEC FORM 20

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



Electronic Filing

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Page 1 of 63

COVER PAGE

1. NAME OF COMMITTEE			
Ella's List			
2. TREASURER NAME			
First Michelle	MI Parente	Last DiMartino	Suffix
3. TREASURER ADDRESS			
Street Address 23 Randolph Farm Rd	City Milford	State CT	Zip Code 06461
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT			
October 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date 09/04/2017		Ending Date 09/30/2017	
10. CERTIFICATION			
<input checked="" type="checkbox"/> 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 SIGNATURE	Michelle DiMartino PRINT NAME OF THE SIGNER	10/09/2017 11:21:37PM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ella's List	October 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Section A and B)	\$11,520.00	\$11,520.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$11,520.00	\$11,520.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$11,520.00	\$11,520.00
19. Expenses Paid by Committee (Section P)	\$740.23	\$740.23
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$10,779.77	\$10,779.77
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$195.00	\$195.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$632.27	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$632.27	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List		TYPE OF REPORT October 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$0.00	
B. Itemized Contributions from Individuals			
Last Name Carlson		First Name Martha	MI
Residential Street Address 33 Horseshoe Rd		City Guilford	State CT Zip Code 06437
Principal Occupation Deputy Comptroller		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2017	Aggregate Contributions \$250.00
Last Name Dudek		First Name Theresa	MI
Residential Street Address 1353 Crest Dr		City Windsor	State CT Zip Code 06095
Principal Occupation Marketing Coordinator		Name of Employer Seabury	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2017	Aggregate Contributions \$15.00
Last Name DiMartino		First Name Michelle Parente	MI
Residential Street Address 23 Randolph Farm Rd		City Milford	State CT Zip Code 06461
Principal Occupation Consultant		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2017	Aggregate Contributions \$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kozin	First Name Jacqueline	MI	
Residential Street Address 40 Owen St # D9	City Hartford	State CT	Zip Code 06105
Principal Occupation Director Gov't Affairs	Name of Employer Office of the State Comptroller		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>09282017A</u>	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/14/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Goldman	First Name Susan	MI	
Residential Street Address 35 Sherwood Ln	City Norwich	State CT	Zip Code 06360
Principal Occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/14/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Just	First Name Jennifer Ramsay	MI	
Residential Street Address 157 Center Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Writer/Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/14/2017	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Passaro	First Name Cara	MI	
Residential Street Address 1 Fern St	City Hartford	State CT	Zip Code 06105
Principal Occupation Analyst	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>09282017A</u>	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/15/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Clarkson	First Name Shannon	MI	
Residential Street Address 116 River St	City Guilford	State CT	Zip Code 06437
Principal Occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Jepsen	First Name Diana Sousa	MI	
Residential Street Address 995 Prospect Ave	City Hartford	State CT	Zip Code 06105
Principal Occupation Marketing Professional	Name of Employer University of St. Joseph		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brown	First Name Elyse	MI	
Residential Street Address 48 Treat Ave Apt 1	City Stamford	State CT	Zip Code 06906
Principal Occupation Program Director	Name of Employer Jewish Family Services of Greenwich		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/18/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Birdwhistell	First Name Nan	MI	
Residential Street Address 9 Tyler Ave	City Branford	State CT	Zip Code 06405
Principal Occupation Attorney	Name of Employer Murtha Cullina		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Palladino	First Name Danielle	MI	
Residential Street Address 130 Oak Ave	City Torrington	State CT	Zip Code 06790
Principal Occupation Outreach Coordinator	Name of Employer CT General Assembly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/19/2017	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Schrag	First Name Aaron	MI J	
Residential Street Address 121 Hillhouse Rd Apt 1	City Waterbury	State CT	Zip Code 06705
Principal Occupation Teacher	Name of Employer Avon High School		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2017	Aggregate Contributions \$20.00
Amount of Contribution \$20.00			

Last Name Edwards	First Name Jane	MI	
Residential Street Address 279 Ridgewood Rd	City West Hartford	State CT	Zip Code 06107
Principal Occupation Administrator	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/20/2017	Aggregate Contributions \$100.00
Amount of Contribution \$100.00			

Last Name Nussbaum	First Name John	MI	
Residential Street Address 4 Lafayette Ct # 1B	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investor	Name of Employer Entry Point Capital LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/20/2017	Aggregate Contributions \$250.00
Amount of Contribution \$250.00			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dauria	First Name Heather	MI	
Residential Street Address 2232 Town Walk Dr	City Hamden	State CT	Zip Code 06518
Principal Occupation Publisher	Name of Employer Yale University Press		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Horne	First Name William	MI	
Residential Street Address 246 Pleasant Point Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gray	First Name Lauren	MI	
Residential Street Address 225 Edgemoor Rd Apt D	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Communications Professional	Name of Employer Milford Chamber of Commerce		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Agati	First Name Kathryn	MI	
Residential Street Address 263 Georgetown Dr	City Watertown	State CT	Zip Code 06795
Principal Occupation Caseworker	Name of Employer United States Senate		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Bergstein	First Name Alexandra	MI	
Residential Street Address 541 Lake Ave .	City Greenwich	State CT	Zip Code 06830
Principal Occupation Student	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Carr	First Name Cynthia	MI	
Residential Street Address 44 Brookwood Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Attorney	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Czaczkes	First Name Martha	MI S	
Residential Street Address 485 Bartlett Dr	City Madison	State CT	Zip Code 06443
Principal Occupation Administrator	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/20/2017	Aggregate Contributions \$100.00	

Last Name Gilman	First Name Michelle	MI	
Residential Street Address 247 Woodbine Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Asst. State Comptroller	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$100.00	

Last Name Carlson	First Name Elizabeth	MI E	
Residential Street Address 1450 Washington Blvd Apt 604S	City Stamford	State CT	Zip Code 06902
Principal Occupation Special Asst to the Mayor	Name of Employer City of Stamford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/21/2017	Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Smith	First Name Lois	MI	
Residential Street Address 75 Clear Lake Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/21/2017	Aggregate Contributions \$50.00

Last Name Politi	First Name Katerina	MI	
Residential Street Address 14 Pawson Landing Dr	City Branford	State CT	Zip Code 06405
Principal Occupation Associate Professor	Name of Employer Yale Univesity		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/22/2017	Aggregate Contributions \$50.00

Last Name Mallow	First Name Lynda	MI	
Residential Street Address 20 W Haycock Point Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Mom	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/22/2017	Aggregate Contributions \$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Raskin	First Name Sarah	MI	
Residential Street Address 193 Quaker Ln N	City West Hartford	State CT	Zip Code 06119
Principal Occupation Professor	Name of Employer Trinity College		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/23/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Weinstein	First Name Gayle	MI	
Residential Street Address 8 Hills End Ln	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017	Aggregate Contributions \$250.00	\$250.00

Last Name Lane	First Name Shannon	MI	
Residential Street Address 168 Miller Rd	City Bethany	State CT	Zip Code 06542
Principal Occupation Professor	Name of Employer Adelphi University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jensen	First Name Jill	MI C	
Residential Street Address 14 Pepperwood	City Branford	State CT	Zip Code 06405
Principal Occupation Clinical Social Worker	Name of Employer VNACHC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017	Aggregate Contributions \$50.00	\$50.00

Last Name DeGraw	First Name Eleni	MI	
Residential Street Address 112 Westland Rd	City Avon	State CT	Zip Code 06001
Principal Occupation Writer	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/24/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Yonkman	First Name Nicole Grant	MI	
Residential Street Address 101 Hillcrest Rd	City Windsor	State CT	Zip Code 06095
Principal Occupation Minister	Name of Employer First Church in Windsor		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ward	First Name Amanda	MI	
Residential Street Address 304 Battis Rd	City Hamden	State CT	Zip Code 06514
Principal Occupation Accountant	Name of Employer Vespolo USA, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$30.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$30.00	

Last Name Rizzolo	First Name Carol	MI	
Residential Street Address 24 Long HI Farm	City Guilford	State CT	Zip Code 06437
Principal Occupation Cultural Mythologist	Name of Employer Contemporary Explorations in Mytholgy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Villanueva	First Name Kim	MI	
Residential Street Address 1109 N Koke Mill Rd	City Springfield	State IL	Zip Code 62711
Principal Occupation Communications Professional	Name of Employer Illinois Community CollegeTrustee Association		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stanwood	First Name Nancy	MI	
Residential Street Address 27 Davis Dr	City Guilford	State CT	Zip Code 06437
Principal Occupation Physician	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Gillette	First Name Allyson	MI	
Residential Street Address 109 Oak Ridge Dr	City Windsor Locks	State CT	Zip Code 06096
Principal Occupation Claims Benefit Analyst	Name of Employer Sun Life Financial		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/25/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Marcoux	First Name Joseph	MI	
Residential Street Address 81 Grove St	City Plantsville	State CT	Zip Code 06479
Principal Occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carlson	First Name Catherine	MI	
Residential Street Address 3735 Mountain Laurel Pl	City Boulder	State CO	Zip Code 80304
Principal Occupation Not Employed	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>09282017A</u>	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Oberlander	First Name Jill	MI	
Residential Street Address 19 Bush Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Attorney	Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/26/2017	Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Hughes	First Name Marcia	MI	
Residential Street Address 260 Scantic Rd	City East Windsor	State CT	Zip Code 06088
Principal Occupation Research & Evaluation Analyst	Name of Employer University of Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$30.00	Amount of Contribution \$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Corn	First Name Yona	MI	
Residential Street Address 80 Whippoorwill Lake Rd	City Chappaqua	State NY	Zip Code 10154
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Domeika	First Name Amy	MI	
Residential Street Address 53 Old Rod Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Insights Manager	Name of Employer Cision		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Cocco	First Name Susan	MI	
Residential Street Address 513 Branchville Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Advertising Professional	Name of Employer Colangelo		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sawyer	First Name Susan	MI J	
Residential Street Address 280 Livingston St	City New Haven	State CT	Zip Code 06511
Principal Occupation Attorney	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Welander	First Name Mary	MI	
Residential Street Address 377 Dogwood Rd	City Orange	State CT	Zip Code 06477
Principal Occupation Homemaker	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$50.00	\$50.00

Last Name McCarthy-Vahey	First Name Christine	MI	
Residential Street Address 1625 Melville Ave	City Fairfield	State CT	Zip Code 06825
Principal Occupation State Representative	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rose	First Name Michael	MI	
Residential Street Address 100 Mountain View Ter	City New Haven	State CT	Zip Code 06476
Principal Occupation Physician	Name of Employer VA of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Barneby	First Name Mary	MI	
Residential Street Address 56 Chittenden Ln	City Madison	State CT	Zip Code 06443
Principal Occupation CEO	Name of Employer Girl Scouts of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Carlson	First Name Chloe	MI	
Residential Street Address 35 Cricket Ct	City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Owner	Name of Employer Gusto Dance Studio		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McDowell	First Name Patience	MI	
Residential Street Address 12 Woodside Cir	City Hartford	State CT	Zip Code 06105
Principal Occupation Media Consultant	Name of Employer McDowell Jewitt Communications		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/27/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Russo	First Name Patti	MI	
Residential Street Address 19 Heron Rd	City East Norwalk	State CT	Zip Code 06855
Principal Occupation Executive Director	Name of Employer Women's Campaign School at Yale		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$250.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$250.00	

Last Name King	First Name Donna	MI	
Residential Street Address 71 Aiken St # Q-16	City Norwalk	State CT	Zip Code 06951
Principal Occupation City Clerk	Name of Employer City of Norwalk		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name Boushee	First Name Emily	MI	
Residential Street Address 41 Village Ln Apt 822	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Outreach Asst. Chris Murphy	Name of Employer US Senate		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	Amount of Contribution \$30.00

Last Name Sarah	First Name Steinfeld	MI	
Residential Street Address 2 Mazzotta Pl	City Middletown	State CT	Zip Code 06457
Principal Occupation Attorney	Name of Employer Koskoff Koskoff & Bieder PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Horning	First Name Emily	MI	
Residential Street Address 276 Alden Ave	City New Haven	State CT	Zip Code 06515
Principal Occupation Librarian	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$250.00	Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kozin	First Name Christine	MI	
Residential Street Address 912 Greenway Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Web Developer	Name of Employer Wesleyen University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Rozen	First Name Kate	MI	
Residential Street Address 1087 Johnson Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Executive Assistant	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Lawson	First Name Steve	MI	
Residential Street Address 1680 Flowers Mill Dr	City Grand Rapids	State MI	Zip Code 46525
Principal Occupation Consultant	Name of Employer DiVinci Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name Dauphin	First Name Bill	MI	
Residential Street Address 11 Olive Ln	City Rockville	State CT	Zip Code 06066
Principal Occupation Technical Writer	Name of Employer Pratt & Whitney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Grant	First Name Hilary	MI	
Residential Street Address Grant 400 Fountain St	City New Haven	State CT	Zip Code 06515
Principal Occupation Not Employed	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Carlson	First Name Alexandra	MI	
Residential Street Address 1476 Boulevard	City West Hartford	State CT	Zip Code 06119
Principal Occupation Resource Coordinator	Name of Employer ESPN/Disney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kravetz	First Name Karen	MI	
Residential Street Address 61 Forest Glen Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Attorney	Name of Employer Sussman Duffy Segaloff		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$200.00	

Last Name Linehan	First Name Liz	MI	
Residential Street Address 405 Sycamore Ln	City Cheshire	State CT	Zip Code 06410
Principal Occupation State Representative	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	

Last Name Dinardo	First Name Nancy	MI	
Residential Street Address 61 Suzanne Cir	City Trumbull	State CT	Zip Code 06611
Principal Occupation Retired	Name of Employer Bridgeport Board of Ed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vickers	First Name Constance	MI	
Residential Street Address 35 Hanford Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Development	Name of Employer Boys & Girls Club Stamford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Ulanecki	First Name Erica	MI	
Residential Street Address 206 Good Hill Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation Director, Office of the President	Name of Employer Planned Parenthood of Southern New England		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Marks	First Name Carolyn	MI	
Residential Street Address 1 Beach Ln	City North Haven	State CT	Zip Code 06476
Principal Occupation Compliance Officer	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lesser	First Name Ruth	MI	
Residential Street Address 205 Rimmon Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Homemaker	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2017	Aggregate Contributions \$100.00
Amount of Contribution \$100.00			

Last Name Turner	First Name Jennifer	MI	
Residential Street Address 98 Farm View Rd	City Bethany	State CT	Zip Code 06524
Principal Occupation Writer	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2017	Aggregate Contributions \$50.00
Amount of Contribution \$50.00			

Last Name Carraway	First Name Cynthia	MI	
Residential Street Address 15 Housatonic Dr	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation Paralegal	Name of Employer Dressler Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2017	Aggregate Contributions \$40.00
Amount of Contribution \$40.00			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Seavy	First Name Charmaine	MI L	
Residential Street Address 18 Quarry Rd	City Simsbury	State CT	Zip Code 06070
Principal Occupation Marketing Professional	Name of Employer CV Media, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Gyerko	First Name Magdalena	MI	
Residential Street Address 5 Forest Trl	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Managing Partner, Info Tech	Name of Employer Lucas Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Burnaska	First Name Karen	MI	
Residential Street Address 99 Bagbuen Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Coordinator	Name of Employer Ct Fund for the Environment		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Huwiler	First Name Joan	MI	
Residential Street Address 42 Sandpiper Cres	City Milford	State CT	Zip Code 06460
Principal Occupation Philanthropy Professional	Name of Employer Edible Arrangements		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$150.00	\$150.00

Last Name Hekeler	First Name Amy	MI	
Residential Street Address 3220 Whitney Ave Apt 303	City Hamden	State CT	Zip Code 06518
Principal Occupation Injury Management	Name of Employer The Windham Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

Last Name MacCormack	First Name Charles	MI	
Residential Street Address 95 North St	City Easton	State CT	Zip Code 06612
Principal Occupation Management Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roth	First Name Abigail	MI	
Residential Street Address 42 Lincoln	City New Haven	State CT	Zip Code 06511
Principal Occupation Academic Administrator	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

Last Name Ross-MacCormack	First Name Cameron	MI	
Residential Street Address 220 Ansonia Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Teacher	Name of Employer The Unqowa School		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Pinto	First Name Michael	MI	
Residential Street Address 449 Central Ave	City New Haven	State CT	Zip Code 06515
Principal Occupation Dep. Dir. Transportation/Attorney	Name of Employer City of New Haven		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$75.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$75.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Blake	First Name Alisha	MI	
Residential Street Address 52 Huntington St	City New London	State CT	Zip Code 06320-4946
Principal Occupation Radiology worker	Name of Employer Lawrence & Memorial Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$30.00	

Last Name Marx	First Name Martha	MI	
Residential Street Address 4 Harbor Ln	City New London	State CT	Zip Code 06320
Principal Occupation RN	Name of Employer UNASC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

Last Name Blankley	First Name John	MI	
Residential Street Address 10 Doverton Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Owner	Name of Employer Flagship Networks		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$30.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Weissellberg	First Name Susan	MI	
Residential Street Address 46 Oliver Rd	City New Haven	State CT	Zip Code 06515
Principal Occupation Administrator	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$75.00	\$75.00

Last Name Coleman	First Name Claire	MI	
Residential Street Address 28 Grove Hill Rd	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Attorney	Name of Employer CT Fund for the Environment		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Anderson	First Name Susan	MI	
Residential Street Address 243 Dunkrock Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation Retired	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name Lutz	First Name Katherine	MI	
Residential Street Address 56 Platt St	City Milford	State CT	Zip Code 06460
Principal Occupation Government Relations	Name of Employer Rome Smith & Lutz		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Nardello	First Name Vittorina	MI	
Residential Street Address 8 Laurel Lande	City Prospect	State CT	Zip Code 06772
Principal Occupation Retired	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

Last Name Horsely	First Name Valerie	MI	
Residential Street Address 31 Edwards St	City New Haven	State CT	Zip Code 06511
Principal Occupation Assoc. Professor	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$40.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$40.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cahill	First Name Laura	MI	
Residential Street Address 17 Montauk Way	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Retired	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2017	Aggregate Contributions \$250.00
Amount of Contribution \$250.00			

Last Name Skretta	First Name Arnold	MI	
Residential Street Address 313 S Union St	City Guilford	State CT	Zip Code 06437
Principal Occupation Attorney	Name of Employer CT Compliance & Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2017	Aggregate Contributions \$50.00
Amount of Contribution \$50.00			

Last Name Farrell	First Name Lindsay	MI	
Residential Street Address 169 Still Rd	City West Hartford	State CT	Zip Code 06117
Principal Occupation Executive Director	Name of Employer Working Families Party		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/28/2017	Aggregate Contributions \$50.00
Amount of Contribution \$50.00			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jackson	First Name Melanie	MI	
Residential Street Address 39 Mencel Cir	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Manager	Name of Employer Lord & Taylor		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>09282017A</u>	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Behuniak	First Name Stephen	MI	
Residential Street Address 36 Birchwood Dr	City Seymour	State CT	Zip Code 06483
Principal Occupation Office Manager	Name of Employer Sila Solutions Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$40.00	\$40.00

Last Name Mills	First Name Jamie	MI	
Residential Street Address 100 Temple St Apt A	City New Haven	State CT	Zip Code 06510
Principal Occupation Attorney	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09282017A</u> <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name Carmody	First Name Samuel	MI	
Residential Street Address 210 High St	City Wallingford	State CT	Zip Code 06442
Principal Occupation Executive Assistant	Name of Employer Office of the Atty General		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Wyman	First Name Nancy	MI	
Residential Street Address 18 Pilgram Dr	City Tolland	State CT	Zip Code 06084
Principal Occupation Lieutenant Governor	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Hartwell	First Name John	MI	
Residential Street Address 35 Beachside Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Consultant	Name of Employer Hartwell Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cusick	First Name Karen Talamelli	MI	
Residential Street Address 6 Diane Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Fiance Director	Name of Employer Project Service LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Boyton	First Name Cynthia Wolfe	MI	
Residential Street Address 26 Burwell Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Writer/Editor	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

Last Name Melendez	First Name Eloisa	MI	
Residential Street Address 45 Fair St	City Norwalk	State CT	Zip Code 06851
Principal Occupation Student	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$30.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Seacrest	First Name Maryli	MI	
Residential Street Address 51 Sunset Pass	City Wilton	State CT	Zip Code 06897
Principal Occupation Campaign Manager	Name of Employer Mattei for CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Wegele	First Name Shannon	MI	
Residential Street Address 39 Lilley Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation Chief of Staff	Name of Employer CT SOTS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Fearon	First Name Penelope	MI	
Residential Street Address 42 Hilltop Dr	City Madison	State CT	Zip Code 06443
Principal Occupation TV Producer	Name of Employer Double Act		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McDougall	First Name Tracey	MI	
Residential Street Address 45 Nott St	City Wethersfield	State CT	Zip Code
Principal Occupation Membership Director	Name of Employer CT Farm Bureau Association		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$25.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$25.00	

Last Name Macaruso	First Name Lanette	MI	
Residential Street Address 45 Park Pl	City New Britain	State CT	Zip Code 06514-0650
Principal Occupation Grant Writer	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$35.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$35.00	

Last Name Smith	First Name Deborah	MI	
Residential Street Address 87 E Gate Ln	City Hamden	State CT	Zip Code 06514
Principal Occupation Professor	Name of Employer SCSU		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$30.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Martin	First Name Carol	MI	
Residential Street Address 45 Kenmore Ln	City Milford	State CT	Zip Code 06460
Principal Occupation CEO	Name of Employer Trauma Recovery/HAP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$250.00	Amount of Contribution \$250.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Last Name Conroy	First Name Theresa	MI	
Residential Street Address 177 Skokorat St	City Seymour	State CT	Zip Code 06483
Principal Occupation APRN	Name of Employer Minute Clinic		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	Amount of Contribution \$50.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Last Name Mushinsky	First Name Mary	MI	
Residential Street Address 188 S Cherry St	City Wallingford	State CT	Zip Code 06492
Principal Occupation State Legislator	Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$25.00	Amount of Contribution \$25.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Leon	First Name Bonnie	MI	
Residential Street Address 223 Court St	City West Haven	State CT	Zip Code 06516
Principal Occupation Retired	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$50.00	

Last Name Klotz	First Name Rosemary	MI	
Residential Street Address 95 Harrison	City New Britain	State CT	Zip Code 06052
Principal Occupation Not employed	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

Last Name Kone	First Name Carolyn	MI	
Residential Street Address 131 W Park Ave	City New Haven	State CT	Zip Code 06511
Principal Occupation Attorney	Name of Employer Brenner, Salzman & Wallman		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fleuette	First Name Liz	MI O	
Residential Street Address PO Box	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Human Resources VP	Name of Employer IPSOS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Harrigan	First Name Anne	MI	
Residential Street Address 720 Ward Ln	City Cheshire	State CT	Zip Code 06410
Principal Occupation Adjunct Faculty	Name of Employer Quinnipiac University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Viggiano	First Name Maria	MI	
Residential Street Address 169 Oakwood	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Regional Director	Name of Employer Leadership for Educational Equity		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name Dupont-Diehl	First Name Elizabeth	MI	
Residential Street Address 78 Palisado Ave	City Windsor	State CT	Zip Code 06095
Principal Occupation Dir. of Communications	Name of Employer Everyday Democracy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$200.00	\$100.00

Last Name Lehrman	First Name Emily	MI	
Residential Street Address 210 Catherine Terrage	City Fairfield	State CT	Zip Code 06824
Principal Occupation Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Parente	First Name Mary	MI	
Residential Street Address 25 Linden Shrs	City Branford	State CT	Zip Code 06410
Principal Occupation Retired	Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name MGraham	First Name Ellen	MI	
Residential Street Address 7 Bowhay Hill Rd	City Branford	State CT	Zip Code 06405
Principal Occupation US Senate	Name of Employer Communication Liason		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$30.00	Amount of Contribution \$30.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Last Name Bhargava	First Name Mudita	MI	
Residential Street Address 502 Cognewaugh Rd	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Not Employed	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	Amount of Contribution \$100.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Last Name Carr	First Name Cynthia	MI	
Residential Street Address 44 Brookwood Dr	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Attorney	Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$500.00	Amount of Contribution \$250.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name McQueen	First Name Patricia	MI	
Residential Street Address 28 Rundelane	City Bloomfield	State CT	Zip Code 06002
Principal Occupation PR Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$75.00	\$75.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Last Name Zuckerman	First Name Deborah	MI	
Residential Street Address 16 Colonial Dr	City Trumbull	State CT	Zip Code 06611
Principal Occupation Office Manager	Name of Employer Wallace Zuckerman CPA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 09/28/2017	Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

Last Name Downes	First Name Tara	MI	
Residential Street Address 175 S End Rd Unit 40	City East Haven	State CT	Zip Code 06512
Principal Occupation Director of Communications	Name of Employer Office of the State Comptroller		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Ella's List	TYPE OF REPORT October 10 Filing - Original
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B. Itemized Contributions from Individuals

Last Name Delaquila	First Name Josh	MI	
Residential Street Address 2855 Fairfield Ave Apt 2F	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Kirwin-Hayden	First Name Nancy	MI	
Residential Street Address 9 Old Easton Tpke	City Easton	State CT	Zip Code 06883
Principal Occupation Writer	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$30.00	\$30.00

Last Name Blanchard	First Name Robert	MI	
Residential Street Address 14 Forest Glen Cir Apt 4	City Middletown	State CT	Zip Code 06457
Principal Occupation PR Consultant	Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09282017A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 09/29/2017	Aggregate Contributions \$25.00	\$25.00
Total of Section B			\$11,520.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B)			<i>(Total on Line 13 of Summary Page)</i>
			\$11,520.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer		
Address	Is this contribution associated with an event reported in Section L1?	Yes	No
	If yes, list Event #		
City	State	Zip Code	Date Received
			Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ella's List	October 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer		
Address	Date Received		Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution
Expenditure # (if applicable)	Description		
Total of Section C2			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Ella's List	October 10 Filing - Original		

D. Loans Received this Period

Name of Lender	Source of Loan:	Date of Receipt				
		Bank	Candidate	Individual	Other	
Street Address	City		State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address	City		State	Zip Code	Amount Received	
Total of Section D						

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT		
Ella's List	October 10 Filing - Original		

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity			
Street Address			Date Received
City	State	Zip Code	Amount Received
Total of Section E			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Ella's List	October 10 Filing - Original		

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes	No	If yes, list Event #	Amount
Total of Section F					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ella's List	October 10 Filing - Original
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)	
Date of Receipt	Amount
	Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ella's List	October 10 Filing - Original
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)	
Date of Receipt	Method of Payment
	Cash Personal Check Credit/Debit Card
	Total of Section H

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Ella's List	October 10 Filing - Original			
J. Interest from Deposits in Authorized Accounts				
Name of Institution	Date Received			
Street Address	City	State	Zip Code	
				Total of Section J

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ella's List	October 10 Filing - Original

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction		Amount Received
Street Address	City	State	Zip Code
Description			
Total of Section K			

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

L1. Event Information

Event # Date of Event 09/28/2017	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 44 Brookwood Dr		City Woodbridge	State CT Zip Code 06525
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>
Total of Section L1			\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Ella's List		October 10 Filing - Original		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser		Purchase Made By: Business Entity Other Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Total of Section L3				

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Ella's List		October 10 Filing - Original		
L4. In-Kind Donations Not Considered Contributions				
Name of the Donor				
Total Graphic Solutions				
Street Address		City	State	Zip Code
11 Dorset Ave		Farmington	CT	06032
Donation Given by: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation Printed fundraiser cards			Fair Market Value of Donation \$195.00
	Date Received	Event #	Aggregate value for this event	
	09/30/2017	09282017A	\$195.00	
Total of Section L4				\$195.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of the Host		Is this event supporting more than one candidate or committee? Yes No If yes, complete Itemization in Addendum L5	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section L5

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

M. In-Kind Contributions

Name					
Street Address		City		State	Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions	Description of In-Kind Contribution	
Individual / Sole Proprietorship	Other				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?		Yes	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state contractor or prospective state contractor?		Yes	
If yes, list Event#	No	If yes, indicate which branch or branches of government the contract is with:		No	
				Executive	Legislative

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT			
Ella's List	October 10 Filing - Original			
N. Refundable Deposit to Telephone Company				
Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section N				

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
P. Expenses Paid By Committee			
Name of Payee People's United Bank		Date of Payment 09/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1636 Boston Post Rd		City Milford	State CT Zip Code 06460
Purpose of Expenditure (by code) BNK	Description Monthly Bank fees and check order		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$46.62 <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Name of Payee Michelle P. DiMartino		Date of Payment 09/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # 0092 <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 23 Randolph Farm Rd		City Milford	State CT Zip Code 06461
Purpose of Expenditure (by code) RMB	Description Reimbursement for PO Box rental and Bank Fee		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$90.00 <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Name of Payee Michelle P. DiMartino		Date of Payment 09/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 23 Randolph Farm Rd		City Milford	State CT Zip Code 06461
Purpose of Expenditure (by code) RMB	Description Reimbursement for event supplies, food and beverages for Inaugural fundraiser		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$518.55 <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
P. Expenses Paid By Committee			
Name of Payee Jacqueline Kozin		Date of Payment 09/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # 0094 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 40 Owen St		City Hartford	State CT Zip Code 06105
Purpose of Expenditure (by code) RMB	Description Reimbursement for campaign style buttons		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$85.06
			Total of Section P \$740.23

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
		October 10 Filing - Original	
Q. Campaign Expenses Paid By Candidate			
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
			Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ella's List	October 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other			
Name of Vendor, Person or Entity				Date of Transaction
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)			Amount Independent Organization A B C D
Total of Section R				

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
S. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Barker Specialty		Date Incurred 09/30/2017	
Street Address 27 Realty Dr		City Cheshire	State CT
Purpose of Expenditure (by code)	Description Lapel stickers		
Misc *			
Expenditure# (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount Incurred (Estimate or Actual) \$318.54
Independent		Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
Name of Creditor Total Graphic Solutions		Date Incurred 09/30/2017	
Street Address 11 Dorset Ln		City Farmington	State CT
Purpose of Expenditure (by code)	Description Contribution forms and other printed materials		
Misc *			
Expenditure# (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount Incurred (Estimate or Actual) \$313.73
		Independent	
		Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
Total of Section S			\$632.27

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Ella's List		October 10 Filing - Original		
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
DiMartino	Michelle	Parente	05/15/2017	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P		
USPS		<input checked="" type="checkbox"/> Check # 0092	<input type="checkbox"/> Debit Card	<input type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City New Haven	State CT	Zip Code 06511
Purpose of Expenditure (by code)	Description 6 months P.O. Box rental			Event #
OVHD				
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$65.00
First		MI	Date of Payment to Vendor, Person or Entity	
DiMartino		Parente	05/15/2017	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P		
People's United Bank		<input checked="" type="checkbox"/> Check # 0092	<input type="checkbox"/> Debit Card	<input type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City Milford	State CT	Zip Code 06460
Purpose of Expenditure (by code)	Description Fee to open bank account			Event #
BNK				
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$25.00
First		MI	Date of Payment to Vendor, Person or Entity	
DiMartino		Parente	05/15/2017	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P		
People's United Bank		<input checked="" type="checkbox"/> Check # 0092	<input type="checkbox"/> Debit Card	<input type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City Milford	State CT	Zip Code 06460
Purpose of Expenditure (by code)	Description Fee to open bank account			Event #
BNK				
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$25.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant DiMartino	First Michelle	MI Parente	Date of Payment to Vendor, Person or Entity 09/09/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Party City		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 292 Boston Post Rd		City Orange	State CT
Purpose of Expenditure (by code) FNDR *	Description dinnerware and misc. supplies for Inaugural fundraiser		
	Event # 09282017A		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount \$88.12	
First Jacqueline	MI	Date of Payment to Vendor, Person or Entity 09/14/2017	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Zazzle		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1800 Seaport Blvd		City Redwood City	State CA
Purpose of Expenditure (by code) Misc *	Description Campaign style buttons		
	Event #		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount \$53.06	
First Jacqueline	MI	Date of Payment to Vendor, Person or Entity 09/14/2017	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Zazzle		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1800 Seaport Blvd		City Redwood City	State CA
Purpose of Expenditure (by code) Misc *	Description Campaign style buttons		
	Event #		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount \$53.06	
First Jacqueline	MI	Date of Payment to Vendor, Person or Entity 09/14/2017	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant Kozin	First Jacqueline	MI	Date of Payment to Vendor, Person or Entity 09/14/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Etsy		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 117 Adams St		City Brooklyn	State NY Zip Code
Purpose of Expenditure (by code) Misc *	Description Campaign style buttons		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$32.00
First Michelle		MI Parente	Date of Payment to Vendor, Person or Entity 09/26/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant The Wine & Spirits Co.		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 177 Cherry St		City Milford	State CT Zip Code 06460
Purpose of Expenditure (by code) FNDR *	Description Beverages for Inaugural Fundraiser		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$198.84

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant DiMartino	First Michelle	MI Parente	Date of Payment to Vendor, Person or Entity 09/26/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Whole Foods		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1686 Boston Post Rd		City Milford	State CT
Zip Code 06460			Zip Code 06460
Purpose of Expenditure (by code) FNDR *	Description Beverages for Inaugural fundraiser		
	Event # 09282017A		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
	Amount \$49.86		
Last Name of Worker/Consultant DiMartino	First Michelle	MI Parente	Date of Payment to Vendor, Person or Entity 09/27/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Whole Foods		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1686 Boston Post Rd		City Milford	State CT
Zip Code 06460			Zip Code 06460
Purpose of Expenditure (by code) FNDR *	Description Food and beverages for Inaugural Event		
	Event # 09282017A		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
	Amount \$24.58		

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ella's List		October 10 Filing - Original	
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant DiMartino	First Michelle	MI Parente	Date of Payment to Vendor, Person or Entity 09/27/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Party City		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 292 Boston Post Rd		City Orange	State CT
Purpose of Expenditure (by code) FNDR *	Description Additional supplies for Inaugural event		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$32.93
Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		Event # 09282017A	
Last Name of Worker/Consultant DiMartino	First Michelle	MI Parente	Date of Payment to Vendor, Person or Entity 09/28/2017
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Costco		Payment to Reimburse Committee Worker/Consultant as reported in Section P <input checked="" type="checkbox"/> Check # 0093 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1718 Boston Post Rd		City Milford	State CT
Purpose of Expenditure (by code) FNDR *	Description Food for Inaugural event		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		Amount \$124.22
		Total of Section T	\$693.61

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)		Cost Allocated to Candidate or Committee

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)		Cost Allocated to Candidate or Committee

Section S. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT		
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)		Cost Allocated to Candidate or Committee

Section T. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT		
T. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)		Cost Allocated to Candidate or Committee