

# SEEC FORM 30

**Itemized Campaign Finance Disclosure Statement**  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2012



140689

Do Not Mark in This Space For Official Use Only

## COVER PAGE SEEC

<b>1. NAME OF COMMITTEE</b>		<b>2. TYPE OF COMMITTEE</b>																	
FRIENDS OF JOE POLLETTA		2014 MAY 21 AM 9 15 <input checked="" type="radio"/> Candidate Committee <input type="radio"/> Exploratory Committee																	
<b>3. TREASURER NAME</b>																			
First JOANN	MI E	Last MURRAY	Suffix																
<b>4. TREASURER ADDRESS</b>																			
Street Address 145 HARD ROCK RD	City WATERTOWN	State CT	Zip Code 06795																
<b>5. ELECTION DATE</b> (mm/dd/yyyy) Nov 4, 2014	<b>6. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> STATE REPRESENTATIVE		<b>7. DISTRICT NUMBER</b> <i>(if applicable)</i> 68																
<b>8. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>																			
First JOSEPH	MI	Last POLLETTA	Suffix																
<b>9. TYPE OF REPORT</b> <i>(Check One Box)</i>																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> January 10 filing</td> <td style="width: 25%;"><input type="checkbox"/> 7th day preceding primary</td> <td style="width: 25%;"><input checked="" type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant</td> <td style="width: 25%;"><input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i></td> </tr> <tr> <td><input type="checkbox"/> April 10 filing</td> <td><input type="checkbox"/> 30 days following primary</td> <td><input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> Election</td> </tr> <tr> <td><input type="checkbox"/> July 10 filing</td> <td><input type="checkbox"/> 7th day preceding election</td> <td><input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant</td> <td><input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i></td> </tr> <tr> <td><input type="checkbox"/> October 10 filing</td> <td><input type="checkbox"/> 7th day preceding special election</td> <td></td> <td><input type="checkbox"/> Primary <input type="checkbox"/> Election</td> </tr> </table>				<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input checked="" type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant	<input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i>	<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant	<input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant	<input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i>	<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 7th day preceding special election		<input type="checkbox"/> Primary <input type="checkbox"/> Election
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input checked="" type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant	<input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i>																
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant	<input type="checkbox"/> Primary <input type="checkbox"/> Election																
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant	<input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i>																
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 7th day preceding special election		<input type="checkbox"/> Primary <input type="checkbox"/> Election																
<b>10. PERIOD COVERED</b>																			
Beginning Date <u>4/28/14</u>		Ending Date <u>5/20/14</u>																	
<b>11. CERTIFICATION</b>																			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.																			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		JOANN E. MURRAY PRINT NAME OF SIGNER																	
		<u>5/20/14</u> DATE (mm/dd/yyyy)																	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.																			

**SEEC FORM 30**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2012

Page 2 of 16

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT	
FRIENDS OF JOE POLLETTA	INIT ITEM STNT ACCOMP APPLIC FOR PUB GRANT	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	0	
14. Contributions Received from Individuals (Sections A and B)	5,475	5,475
15. Receipts from Other Committees (Sections C1 and C2)	0	0
16. Other Monetary Receipts (Sections D through I)	0.05	0.05
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)	0	0
18. Total Monetary Receipts (add totals for Lines 14 through 17)	5,475.05	5,475.05
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)	5,475.05	5,475.05
20. Expenses Paid by Committee (Section N)	475	475
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	5,000.05	5,000.05
22. In-Kind Donations not Considered Contributions Received (Section J3)	0	0
23. In-Kind Contributions Received (Section K)	0	0
24. Refundable Deposit to Telephone Company (Section L)	0	0
25. Receipts of Organization Expenditures (Section M) <i>OPTIONAL</i>	0	0
26. Beginning Loan Balance	0	
26a. + Loans Received (Section D)	0	0
26b. + Interest and Penalties on Loan	0	0
26c. - Payments on Loan	0	0
26d. Total Outstanding Loan Amount	0	
27. Campaign Expenses Paid by Candidate (Section O)	0	0
28. Expenses Incurred on Committee Credit Card (Section P)	0	0
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	0	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	0	

**I. MONETARY RECEIPTS (Sections A — I)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
FRIENDS OF JOE POLLETTA						IISAAFPG	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>					<i>For Nonparticipating Candidates ONLY</i>		
					\$ 0		
<b>B. Itemized Contributions from Individuals</b>							
Last Name			First		MI	Contribution ID #	
MURRAY			JOANN		E	0001 .....	
Residential Street Address			City		State	Zip Code	
145 HARD ROCK RD			WATERTOWN		CT	06795	
Principal Occupation			Name of Employer				
REALTOR			WEICHERT, REALTORS BRIOTTI GROUP				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
			<input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No		50	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		5/1/14	50		
Last Name			First		MI	Contribution ID #	
RAZZA			KATHRYN			0002 .....	
Residential Street Address			City		State	Zip Code	
69 TROLANE RD			WATERTOWN		CT	06795	
Principal Occupation			Name of Employer				
NURSE			DOCTOR CAPARASO				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
			<input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No		100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		5/4/14	100		
Last Name			First		MI	Contribution ID #	
RAZZA			LOUIS			0003 .....	
Residential Street Address			City		State	Zip Code	
69 TROLANE RD			WATERTOWN		CT	06795	
Principal Occupation			Name of Employer				
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
			<input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No		100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		5/4/14	100		
<b>SUBTOTAL Section B — This Page</b>					250		
<b>TOTAL of additional Section B Pages</b>					5,225		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> <i>(Sections A + B) (Enter total on Line 14 of Summary Page Totals)</i>					5,475		

Section B. ADDITIONAL PAGE 1 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISAAFP6

**B. Itemized Contributions from Individuals**

Last Name GUERRERA	First DAVID	MI	Contribution ID # 0004
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Residential Street Address 215 NEILL DRIVE	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation OWNER	Name of Employer APEX INTERNATIONAL EDUCATION PARTNERS
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
<input type="radio"/> Executive <input type="radio"/> Legislative				100

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	5/4/14	100

Last Name DESENA	First DEBRA	MI	Contribution ID # 0005
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Residential Street Address 80 PARKMAN STREET	City OAKVILLE	State CT	Zip Code 06779
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Principal Occupation BOOKKEEPER	Name of Employer TOWN OF WATERTOWN WATER DEPT
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
<input type="radio"/> Executive <input type="radio"/> Legislative				100

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	5/4/14	100

Last Name BROWN	First MICHAEL	MI	Contribution ID # 0006
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Residential Street Address 348 LOVLEY DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation MARSHALL	Name of Employer STATE OF CT
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
<input type="radio"/> Executive <input type="radio"/> Legislative				100

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	May 4, 2014	100

<b>SUBTOTAL Section B — This Page</b>	<b>300</b>
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Section B. ADDITIONAL PAGE 2 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name PILICY		First KEVIN		MI	Contribution ID # 0007
Residential Street Address 235 MAIN STREET		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation SALES		Name of Employer DR RON'S ULTRA PURE			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		'5/4/14	100		
Last Name PILICY		First ERICA		MI	Contribution ID # 0008
Residential Street Address 24R CROMWELL AVE		City PROSPECT		State CT	Zip Code 06712
Principal Occupation ATTORNEY		Name of Employer MOORE, O'BRIEN, YELENK & FOTI			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		'5/4/14	100		
Last Name RYAN		First CHARLES		MI	Contribution ID # 0009
Residential Street Address 24R CROMWELL AVE		City PROSPECT		State CT	Zip Code 06712
Principal Occupation ATTORNEY		Name of Employer FRANKLIN G PILICY PC			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		'5/3/14	100		
<b>SUBTOTAL Section B — This Page</b>				<b>300</b>	

Section B. ADDITIONAL PAGE 3 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	II SAAFP6

**B. Itemized Contributions from Individuals**

Last Name GAVALLAS	First JOHN	MI	Contribution ID # 0010
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Residential Street Address 116 POND VIEW DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation POLICE CHIEF	Name of Employer TOWN OF WATERTOWN
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 100
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	'5/4/14	100

Last Name PILICY	First FRANKLIN	MI	Contribution ID # 0011
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Residential Street Address 235 MAIN STREET	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation ATTORNEY	Name of Employer SELF
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 100
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	'5/4/14	100

Last Name MANCINI	First CARL	MI	Contribution ID # 0012
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Residential Street Address 74 REGENCY HILL DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation RETIRED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 100
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	'5/3/14	100

<b>SUBTOTAL Section B — This Page</b>	<b>300</b>
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Section B. ADDITIONAL PAGE 4 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISAAPG

**B. Itemized Contributions from Individuals**

Last Name GUERRERA	First PATRIZIA	MI	Contribution ID # 0013
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Residential Street Address 61 DEERFIELD LA	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation ADMIN ASSISTANT TO POLICE CHIEF	Name of Employer TOWN OF WATERTOWN
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received 5/4/14	Aggregate Contributions 50
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Last Name GUERRERA	First SALVATORE	MI	Contribution ID # 0014
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Residential Street Address 61 DEERFIELD LA	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation TOOLMAKER	Name of Employer CAVTECH INDUSTRIES
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received 5/4/14	Aggregate Contributions 50
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Last Name TEDESCO	First MARK	MI	Contribution ID # 0015
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Residential Street Address 145 HARD ROCK RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation BUILDING CONTRACTOR	Name of Employer HARD ROCK DEVELOPMENT LLC
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
---	--	--	---	------------------------------

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received 5/3/14	Aggregate Contributions 50
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<b>SUBTOTAL Section B — This Page</b>	<b>150</b>
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Section B. ADDITIONAL PAGE 5 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
FRIENDS OF JOE POLLETTA						I I S A A F P G	
<b>B. Itemized Contributions from Individuals</b>							
Last Name DESENA			First ROBERT		MI	Contribution ID # 0016	
Residential Street Address 80 PARKMAN ST			City OAKVILLE		State CT	Zip Code 06779	
Principal Occupation DEPUTY POLICE CHIEF			Name of Employer TOWN OF WATERTOWN				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution:		Date Received	Aggregate Contributions	100
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 4, 2014	100	
Last Name PETTA			First ANTHONY		MI	Contribution ID # 0017	
Residential Street Address 38 FLINTLOCK RD			City WATERTOWN		State CT	Zip Code 06795	
Principal Occupation GENERAL MGR/OFFICER			Name of Employer CT CONCRETE CONSTRUCTION INC				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution:		Date Received	Aggregate Contributions	50
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 4, 2014	50	
Last Name DURSO			First DORA		MI	Contribution ID # 0018	
Residential Street Address 10 GOLFVIEW DR			City WATERTOWN		State CT	Zip Code 06795	
Principal Occupation TEACHER			Name of Employer OUR LADY OF MT CARMEL SCHOOL				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution:		Date Received	Aggregate Contributions	100
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 4, 2014	100	
<b>SUBTOTAL Section B — This Page</b>						250	



Section B. ADDITIONAL PAGE 6 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
FRIENDS OF JOE POLLETTA					IFSAAFP6	
<b>B. Itemized Contributions from Individuals</b>						
Last Name		First		MI	Contribution ID #	
GUERRERA		VITTORIA			0019	
Residential Street Address		City		State	Zip Code	
709 WASHINGTON AVE		WATERBURY		CT	06708	
Principal Occupation			Name of Employer			
RETIRED			N/A			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
					Amount of Contribution 20	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		'5/4/14	20	
Last Name		First		MI	Contribution ID #	
SKARUPA		ROBERT			0020	
Residential Street Address		City		State	Zip Code	
61 BIRCH ST		WATERTOWN		CT	06795	
Principal Occupation			Name of Employer			
HEAVY EQUIP OPERATOR			JAMARK CONSTRUCTION			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
					Amount of Contribution 20	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		'5/4/14	20	
Last Name		First		MI	Contribution ID #	
DURSO		TOM			0021	
Residential Street Address		City		State	Zip Code	
10 GOLFFVIEW DR		WATERTOWN		CT	06795	
Principal Occupation			Name of Employer			
HEARINGS REP			STATE OF CT DOL/EQUIFAX			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
					Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		'5/3/14	100	
<b>SUBTOTAL Section B — This Page</b>					<b>140</b>	

Section B. ADDITIONAL PAGE 7 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISAAPFG

**B. Itemized Contributions from Individuals**

Last Name PAVELO	First CAREY	MI	Contribution ID # 0022
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Residential Street Address 140 HARD ROCK RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation HOMEMAKER	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/4/14	Aggregate Contributions 20
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Last Name PAVELO	First PAUL	MI	Contribution ID # 0023
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Residential Street Address 140 HARD ROCK RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation OWNER	Name of Employer GUY HVAC
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/4/14	Aggregate Contributions 20
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Last Name MURRAY	First STEPHEN	MI	Contribution ID # 0024
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Residential Street Address 6 HAPPY AVENUE	City OAKVILLE	State CT	Zip Code 06779
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Principal Occupation LOADER	Name of Employer CRYSTAL ROCK
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/3/14	Aggregate Contributions 20
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<b>SUBTOTAL Section B — This Page</b>	<b>60</b>
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Section B. ADDITIONAL PAGE 8 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	II SAAT P6

**B. Itemized Contributions from Individuals**

Last Name DIMASCIA	First RICO	MI	Contribution ID # 0025
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Residential Street Address 66 PINERIDGE DR	City OAKVILLE	State CT	Zip Code 06779
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Principal Occupation MAINTAINER	Name of Employer STATE OF CONNECTICUT
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 20
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/4/14	Aggregate Contributions 20
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Last Name MCHALE	First ROBERT	MI	Contribution ID # 0026
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Residential Street Address 111 GEORGETOWN DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation PHOTOGRAPHER	Name of Employer MCHALE PHOTOGRAPHY
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 25
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/4/14	Aggregate Contributions 25
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Last Name MAJOR	First DEBORAH	MI	Contribution ID # 0027
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Residential Street Address 168 TUTTLE RD	City SOUTHBURY	State CT	Zip Code 06488
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Principal Occupation CLERK	Name of Employer FRANKLIN PILICY PC
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 25
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/3/14	Aggregate Contributions 25
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<b>SUBTOTAL Section B — This Page</b>	<b>70</b>
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Section B. ADDITIONAL PAGE 9 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISAAPG

**B. Itemized Contributions from Individuals**

Last Name GUERRERA	First LISA	MI	Contribution ID # 0028
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Residential Street Address 185 NEILL DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation MARKETING COMMUNICATIONS ADMINISTRATOR	Name of Employer MACDERMID
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/4/14	Aggregate Contributions 50	
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Last Name MCHALE	First ANNE	MI	Contribution ID # 0029
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Residential Street Address 111 GEORGETOWN DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation PHOTOGRAPHER	Name of Employer MCHALE PHOTOGRAPHY
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 25
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/4/14	Aggregate Contributions 25	
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Last Name LOI	First GERARDINA	MI	Contribution ID # 0030
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Residential Street Address 195 NEILL DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation ACCOUNTANT	Name of Employer ATI LLC
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received '5/3/14	Aggregate Contributions 50	
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<b>SUBTOTAL Section B — This Page</b>	125
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Section B. ADDITIONAL PAGE 10 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	II SAAFP6

**B. Itemized Contributions from Individuals**

Last Name GUERRERA	First MARIO	MI	Contribution ID # 0031
Residential Street Address 185 NEILL DR	City WATERTOWN	State CT	Zip Code 06795

Principal Occupation EYELET TOOLMAKER	Name of Employer NU CAP
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	'5/4/14	50

Last Name BUTTERLY	First DINAH	MI	Contribution ID # 0032
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Residential Street Address 59 LITCHFIELD RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation RETIRED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	'5/4/14	50

Last Name BUTTERLY	First SEAN	MI	Contribution ID # 0033
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Residential Street Address 59 LITCHFIELD RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation TEACHER	Name of Employer TOWN OF HAMDEN
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 50
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	Method of Contribution:	Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	'5/3/14	50

<b>SUBTOTAL Section B — This Page</b>	<b>150</b>
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**Section B. ADDITIONAL PAGE** 11 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISAATPG

**B. Itemized Contributions from Individuals**

Last Name <b>MANCINI</b>	First <b>CHRISTINE</b>	MI	Contribution ID # <b>0034</b>
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Residential Street Address <b>4 OLD COLONY RD</b>	City <b>WOLCOTT</b>	State <b>CT</b>	Zip Code <b>06716</b>
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Principal Occupation <b>ADMINISTRATIVE COORDINATOR</b>	Name of Employer <b>COMMUNITY HEALTH NETWORK</b>
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 5
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received <b>May 5, 2014</b>	Aggregate Contributions 5
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Last Name <b>MANCINI</b>	First <b>CARL</b>	MI	Contribution ID # <b>0035</b>
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Residential Street Address <b>4 OLD COLONY RD</b>	City <b>WOLCOTT</b>	State <b>CT</b>	Zip Code <b>06716</b>
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Principal Occupation <b>SALES REP</b>	Name of Employer <b>J &amp; L MEDICAL</b>
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 5
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received <b>May 5, 2014</b>	Aggregate Contributions 5
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Last Name <b>KOLATSKY</b>	First <b>THOMAS</b>	MI	Contribution ID # <b>0036</b>
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Residential Street Address <b>78 EDWARD AVENUE</b>	City <b>WATERTOWN</b>	State <b>CT</b>	Zip Code <b>06795</b>
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Principal Occupation <b>RETIRED</b>	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 5
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Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received <b>May 5, 2014</b>	Aggregate Contributions 5
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<b>SUBTOTAL Section B — This Page</b>	<b>15</b>
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Section B. ADDITIONAL PAGE 12 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
FRIENDS OF JOE POLLETTA						IISAAPG	
<b>B. Itemized Contributions from Individuals</b>							
Last Name BETTANCOURT			First HENRY		MI	Contribution ID # 0037	
Residential Street Address 109 FRANSON ROAD <i>gmk</i>			City WATERTOWN		State CT	Zip Code 06795	
Principal Occupation RETIRED			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 5, 2014	5		
Last Name SKROWSKI			First STEPHEN		MI	Contribution ID # 0038	
Residential Street Address CHERRY AVENUE 3c3			City WATERTOWN		State CT	Zip Code 06795	
Principal Occupation POLICE SARGEANT			Name of Employer WATERTOWN POLICE DEPT				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 5, 2014	5		
Last Name VARRONE			First GIUSEPPE		MI	Contribution ID # 0039	
Residential Street Address 290 LITCHFIELD RD			City WATERTOWN		State CT	Zip Code 06795	
Principal Occupation RETIRED			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 5, 2014	5		
<b>SUBTOTAL Section B — This Page</b>						<b>15</b>	

Section B. ADDITIONAL PAGE 13 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISA A F P G

**B. Itemized Contributions from Individuals**

Last Name GUERRERA	First FRANK	MI	Contribution ID # 0040
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Residential Street Address 99 WESTGATE RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation RETIRED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 5
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Last Name GUERRERA	First ANN	MI	Contribution ID # 0041
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Residential Street Address 99 WESTGATE RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation RETIRED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 5
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Last Name NEALY	First ALLISON	MI	Contribution ID # 0042
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Residential Street Address 5 MERRIMAC STREET	City OAKVILLE	State CT	Zip Code 06779
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Principal Occupation COOK	Name of Employer ROCK GARDEN CAFE
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 5
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<b>SUBTOTAL Section B — This Page</b>	<b>15</b>
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**Section B. ADDITIONAL PAGE** 14 of 65

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Commission)</i>	<b>TYPE OF REPORT</b>
FRIENDS OF JOE POLLETTA	IISAAPFG

**B. Itemized Contributions from Individuals**

Last Name <b>LAPORTA</b>	First <b>MEGAN</b>	MI	Contribution ID # <b>0043</b>
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Residential Street Address <b>25 SUNNY LANE</b>	City <b>OAKVILLE</b>	State <b>CT</b>	Zip Code <b>06779</b>
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Principal Occupation <b>ADMIN ASSISTANT</b>	Name of Employer <b>AIEP</b>
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> <b>5</b>
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received <b>May 5, 2014</b>	Aggregate Contributions <b>5</b>
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Last Name <b>GUERRERA</b>	First <b>NICOLINA</b>	MI	Contribution ID # <b>0044</b>
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Residential Street Address <b>492 ECHO LAKE RD 2ND FLOOR</b>	City <b>WATERTOWN</b>	State <b>CT</b>	Zip Code <b>06795</b>
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Principal Occupation <b>RETIRED</b>	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> <b>10</b>
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received <b>May 5, 2014</b>	Aggregate Contributions <b>10</b>
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Last Name <b>POLLETTA</b>	First <b>SUSANNA</b>	MI	Contribution ID # <b>0045</b>
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Residential Street Address <b>54 LAKEVIEW RD</b>	City <b>WATERTOWN</b>	State <b>CT</b>	Zip Code <b>06795</b>
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Principal Occupation <b>SR TRAINING COORDINATOR</b>	Name of Employer <b>THE HARTFORD CO INC</b>
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> <b>10</b>
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received <b>May 5, 2014</b>	Aggregate Contributions <b>10</b>
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<b>SUBTOTAL Section B — This Page</b>	<b>25</b>
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**Section B. ADDITIONAL PAGE** 15 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IFSAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name POLLETTA		First FELICIA		MI	Contribution ID # 0046
Residential Street Address 159 TARBELL AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 10
Last Name POLLETTA		First ROSE		MI	Contribution ID # 0047
Residential Street Address 454 LAKEVIEW RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation PROJECT MANAGER		Name of Employer THE HARTFORD INSURANCE CO			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 10
Last Name POLLETTA		First ROSARIO		MI	Contribution ID # 0048
Residential Street Address 54 LAKEVIEW RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation HEAD MEAT CUTTER		Name of Employer STOP & SHOP			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 10
<b>SUBTOTAL Section B — This Page</b>					30

Section B. ADDITIONAL PAGE 16 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	II SAAFP6

**B. Itemized Contributions from Individuals**

Last Name HILL	First SANDRA	MI	Contribution ID # 0049
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Residential Street Address 166 ICE HOUSE RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation ADMINISTRATOR	Name of Employer SELF EMPLOYED / TOM HILL REALTY
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 10
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 10
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Last Name PETTA	First ANTOINETTA	MI	Contribution ID # 0050
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Residential Street Address 1823 LITCHFIELD RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation RETIRED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 10
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 10
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Last Name DISTASI	First RICHARD	MI	Contribution ID # 0051
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Residential Street Address 525 HAMILTON AVENUE	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation TOOLMAKER	Name of Employer BRAXTON MFG
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 5
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<b>SUBTOTAL Section B — This Page</b>	<b>25</b>
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Section B. ADDITIONAL PAGE 17 of 65

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	II SA AFP 6

**B. Itemized Contributions from Individuals**

Last Name FENN	First BRIANNA	MI	Contribution ID # 0052
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Residential Street Address 31 NOVA SCOTIA HILL RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation WAITRESS	Name of Employer ROCK GARDEN CAFE
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution:	Date Received May 5, 2014	Aggregate Contributions 5
		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		

Last Name BASILE	First VINCENT	MI	Contribution ID # 0053
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Residential Street Address 12 CAMP AVENUE	City OAKVILLE	State CT	Zip Code 06779
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Principal Occupation RETIRED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution:	Date Received May 5, 2014	Aggregate Contributions 5
		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		

Last Name DISTASI	First SUSAN	MI	Contribution ID # 0054
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Residential Street Address 525 HAMILTON AVENUE	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation UNEMPLOYED	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
<input type="radio"/> Executive <input type="radio"/> Legislative				

Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution:	Date Received May 5, 2014	Aggregate Contributions 5
		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		

<b>SUBTOTAL Section B — This Page</b>	<b>15</b>
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