#### Page 1 of 16

**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 PARED SEEC

		<u> </u>	V 11/	K IMGES .				
1. NAME OF COMMITTEE						2.	TYPE OF COMMITTEE	
FRIENDS OF JOE POLLETTA				2014 MAY 21 !	AM 9 15		Candidate Committee	
					<del></del>	L_	Exploratory Committee	
3. TREASURER NAME	<u></u>				<del> </del>			
First		MI		Last			Suffix	
JOANN		E		MURRAY				
4. TREASURER ADDRESS					· · · · · · · · · · · · · · · · · · ·			
Street Address			City			State	Zip Code	
145 HARD ROCK RD			WA	TERTOWN		CT	06795	
5. ELECTION DATE	6. OFFICE SOUGI	HT (Complet	te only	if Candidate Committee)			7. DISTRICT NUMBER	
(mm/dd/yyyy) Nov 4, 2014	STATE REPRESEN	NTATIVE					(if applicable) 68	
8. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)	)	· · · · · · · · · · · · · · · · · · ·				
First		MI		Last			Suffix	
JOSEPH				POLLETTA				
9. TYPE OF REPORT (Check One Box)								
<u> </u>	receding primary		accon	I Itemized Statement npanying application ublic Grant	Supplemental Sta (Specify Type) Primary Election		☐ Deficit ☐ Termination	
April 10 filing 30 days fo								
☐ July 10 filing ☐ 7th day pr	receding election	-	State	ional Itemized ment in further ort of application	cess	S Amendment to Type of Report:		
October 10 filing 7th day pr	eceding special elec			ublic Grant	(Specify Type) Primary Election			
			Stater reque	Primary Itemized ment accompanying st for General on Grant				
10. PERIOD COVERED								
	Beginning Date	e		Endin	g Date			
	4/28/14	1		thru <u>5/</u> 3	0/14			
	• •			•	,			
11. CERTIFICATION						4.1		
I hereby certify and state, under possible Disclosure Statement for the per					n set forth on this Ite	mized (	Campaign Finance	
Joan mu	nay	_	JOA	NN E. MURRAY		_	5/20/14	
TREASURER OR DEPUTY TREASURI	er (signature)		PRIN	T NAME OF SIGNER			DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT	IS PUNISHABLE BY F	FINE NOT 1	TO EX	CEED \$1,000, OR IMPRI	SONMENT FOR NOT MO	RE THA	AN ONE YEAR, OR BOTH.	

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT						
FRIENDS OF JOE POLLETTA	INIT ITEM STNT ACCOMP A	PPLIC FOR PUB GRANT					
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day committee was formed		\$0.00					
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	o					
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	О					
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	o					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	0	o					
26. Beginning Loan Balance	0						
26a. + Loans Received (Section D)	0	0					
26b. + Interest and Penalties on Loan	0	o					
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)

AME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
FRIENDS OF JOE POLLETTA				IISAAFPG				
A. Total Contributions from Small Contributors-Rec	eived this Pe	eriod ONLY	<b>\$</b> 0	For Nonparticiț	pating Candidates ONLY			
			<b>''</b>					
B. Itemized Con	ntributions f	rom Individual	s					
Last Name	First			Ml	Contribution ID#			
MURRAY	NAOC			E	0001			
Residential Street Address	City				State Zip Code			
145 HARD ROCK RD	WATER	TOWN			CT 06795			
Principal Occupation		Name of Employer						
REALTOR		WEICHERT, REA	LTORS BRIC	)TTI GROUI	P			
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:  OExecutive  OLegislative	OYes ONo	Is contributor a lobb or dependent child o		8 Yes No	Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? No Wethod of Contribution:  One of Cash Personal Money Order Credit/D		1	ggregate Contril	outions				
Last Name	First			М	Contribution ID#			
RAZZA	KATHRY	N			0002			
Residential Street Address	City				State Zip Code			
69 TROLANE RD	WATERT	OWN	k	CT 06795				
Principal Occupation		Name of Employer						
NURSE DOCTOR CAPARASO								
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:  Description  Executive OLegislative	OYes ONo	Is contributor a lobb or dependent child o		8 Yes No	Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?    Yes   Method of Contribution:  Cash   OPersonal    Money Order   Oredit/December    Personal   OPersonal    OPersonal		'	ggregate Contrib	outions				
Last Name	First			MI	Contribution ID #			
RAZZA	LOUIS				0003			
Residential Street Address	City				State Zip Code			
69 TROLANE RD	WATER	TOWN		ķ	CT 06795			
Principal Occupation		Name of Employer						
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	Yes ONo	Is contributor a lobb or dependent child o		Yes No	Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1?    No    Cash Personal Method of Contribution:  Cash Oney Order Credit/Decomposition:	Check ebit Card 5/4/14	l '	outions					
SUB	TOTAL Sec	tion B — This I	Page 250					
TOTA	L of additio	nal Section B P	ages 5,22	5				
TOTAL OF ALL CONTRIBU (Sections A + B) (Enter to				5				
		V 0	<u> </u>					

#### Section B. ADDITIONAL PAGE 1 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
FRIENDS OF JOE POLLETTA				II	SAAF	P6		
B. Itemized Contrib	outions f	rom Individu	ıals					
Last Name GUERRERA	First DAVID			1	ΜI	Contribution ID #		
Residential Street Address	City				State	Zip Code		
215 NEILL DRIVE	WATER	rown			ст	06795		
Principal Occupation		Name of Employer			1			
OWNER		APEX INTERN	ATIONAL E	DUCATION	PARTNE	ERS		
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:  Executive OLegislative	es <b>O</b> No	Is contributor a le or dependent chi			ÇS	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1?    No    Wethod of Contribution:  Cash Personal Chec Money Order Credit/Debit C	k 15/1/1	Received Aggregate Contribute 100						
Last Name	First		<del></del>	N	ΛI	Contribution ID #		
DESENA	DEBRA					0005		
Residential Street Address	tial Street Address City					Zip Code		
80 PARKMAN STREET	OAKVILLE OAKVILLE					06779		
Principal Occupation Name of Employer								
BOOKKEEPER		TOWN OF WA	TERTOWN	WATER DE	PT			
Is contributor a principal of a state contractor or prospective state contractor? OY.  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			C3	unt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1?    Yes Method of Contribution:  Cash Personal Check Money Order Credit/Debit Contribution:			Aggregate Co	ntributions	100			
Last Name	First	,	•	N	AI .	Contribution ID#		
BROWN	MICHAE	L				0006		
Residential Street Address	City				State	Zip Code		
348 LOVLEY DR	WATERT	OWN			CT	06795		
Principal Occupation	J	Name of Employer						
MARSHALL		STATE OF CT						
Is contributor a principal of a state contractor or prospective state contractor? OYO If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			US	unt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No No If yes, list Event #:  Method of Contribution:  Cash  One Order  Credit/Debit Cash			Aggregate Co	ntributions				
SUBTO	TAL Sec	tion B — Thi	s Page	300				

## Section B. ADDITIONAL PAGE 2 of 65

NAME OF COMMITTEE (Provide Complete Na	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					IJ	75	SAAF	PG
	B. Itemized Contrib	utions f	rom Individu	als	<u></u>			
Last Name		First				MI	1	Contribution ID #
PILICY		KEVIN						0007
Residential Street Address		City	rown.				State	Zip Code
235 MAIN STREET		WATER					СТ	06795
Principal Occupation  SALES			Name of Employer  DR RON'S ULT	TRA PURE				
Is contributor a principal of a state contractor or prospective state contractor? OYes  If yes, indicate which branch or branches			Is contributor a lo			Yes No		nt of Contribution
	Executive OLegislative  Method of Contribution:	Date Received Aggregate Contri					100	
fundraising event listed in Section J1? No  If yes, list Event #:	Cash Personal Check	(ard 5/4/1	100					
Last Name		First	-			MI	1	Contribution ID#
PILICY		ERICA						8000
Residential Street Address	•						State	Zip Code
24R CROMWELL AVE	PROSPECT						СТ	06712
Principal Occupation Name of Employer								
ATTORNEY MOORE, O'BRIEN, YELENEK & FOTI								
					Yes No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca			Aggregate Contr	ibutions			
Last Name		First				MI		Contribution ID#
RYAN		CHARLE	:5					0009
Residential Street Address		City					State	Zip Code
24R CROMWELL AVE		PROSPE		<u> </u>			СТ	06712
Principal Occupation			Name of Employer	DII 16) ( D.C				
ATTORNEY			FRANKLIN G	PILICY PC				
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amoui	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca			Aggregate Control	ributions			
	<u> </u>		tion B — Thi	is Page 30	00			

#### Section B. ADDITIONAL PAGE 3 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
FRIENDS OF JOE POLLETTA				I	<u> </u>	SAAFPG		
B. Itemized Contrib	utions f	rom Individu	als					
Last Name	First				MI	Contribution ID	#	
GAVALLAS	JOHN					0010		
Residential Street Address	City					State Zip Code		
116 POND VIEW DR	WATER					CT 06795		
Principal Occupation		Name of Employer						
POLICE CHIEF		TOWN OF WA	TERTOW	N				
Is contributor a principal of a state contractor or prospective state contractor?   **OYE  **If yes**, indicate which branch or branches of government the contract is with:  **OExecutive** OLegislative**	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					Amount of Contribu	ution	
Is this contribution associated with a fundraising event listed in Section J1? ONO Cash OPersonal Check If yes, list Event #:  Method of Contribution:  OCash OPersonal Check			Aggregate (	Contributions				
Last Name	First				MI	Contribution ID	#	
PILICY	FRANKL	IN				0011		
Residential Street Address	ential Street Address City					State Zip Code		
235 MAIN STREET WATERTOWN						CT 06795		
Principal Occupation Name of Employer								
ATTORNEY		SELF						
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  OExecutive OLegislative						Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1?   No No Cash Personal Check Money Order Credit/Debit Ca			Aggregate (	Contributions				
Last Name	First	***************************************			MI	Contribution ID	) #	
MANCINI	CARL					0012		
Residential Street Address	City					State Zip Code		
74 REGENCY HILL DR	WATER	OWN				CT 06795		
Principal Occupation		Name of Employer						
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor?   If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		use, vist?	Yes No	Amount of Contribu	ution	
Is this contribution associated with a fundraising event listed in Section J1?    Yes   Method of Contribution:  Cash   Personal Check   Method of Contribution:  Cash   Omega   Check   Cash   Check   Check			Aggregate (	Contributions				
SUBTOT	`AL Sec	tion B — Thi	s Page	300			-	

## Section B. ADDITIONAL PAGE 4 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	on)				TYPE (	OF R	EPORT	
FRIENDS OF JOE POLLETTA					I.	I'	SAA	FP6
B. Itemized Co	ontribution	ıs fr	om Individu	als				
Last Name	First					MI		Contribution ID #
GUERRERA	PAT	RIZI	4					0013
Residential Street Address	City						State	Zip Code
61 DEERFIELD LA	WAT	ΓERT	OWN				CT	06795
Principal Occupation			Name of Employer					
ADMIN ASSISTANT TO POLICE CHIEF			TOWN OF WA	TERTOWN				
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:  Executive OLegislative	/e	No	Is contributor a lo or dependent chil	d of a lobbyist	oc, <b>U</b> 163			nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Wethod of Contribution:    Yes   Method of Contribution:   Cash   Person     Money Order   Credit/	nal Check	te Rec '4/14	1 25 5					
Last Name	First					MI		Contribution ID#
GUERRERA	SAL	/AT(	ORE					0014
Residential Street Address	Residential Street Address City						State	Zip Code
61 DEERFIELD LA	WAT	TERT	OWN				СТ	06795
Principal Occupation			Name of Employer					
TOOLMAKER			CAVTECH IND	USTRIES				
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:  DExecutive OLegislative	_	)No	Is contributor a lo or dependent chil		; 8	Yes No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Wethod of Contribution:  Cash Person Money Order Credit/	al Check	te Rec /4/1		Aggregate Cont	tributions			
Last Name	First					MI		Contribution ID#
TEDESCO	MAI	RK						0015
Residential Street Address	City						State	Zip Code
145 HARD ROCK RD	WA <sup>-</sup>	ΓERT	OWN				CT	06795
Principal Occupation			Name of Employer					
BUILDING CONTRACTOR			HARD ROCK [	DEVELOPME	ENT LLC			
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:  DExecutive OLegislative		)No	Is contributor a lo or dependent chil		· 8	Yes No	Amou 50	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No Method of Contribution:    Yes   Method of Contribution:   Ocash   Ocash	nal Check	te Rec /3/1		Aggregate Con	tributions			
SU	BTOTAL	Sect	tion B — Thi	s Page /	50		•	
	····							

#### Section B. ADDITIONAL PAGE 5 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					I	FSA,	AFPG	
В. І	temized Contribu	tions fi	om Individu	als				
Last Name	ĺ	First			N	íī	Contribution ID#	
DESENA	1	ROBERT					0016	
Residential Street Address	C	City				State	Zip Code	
80 PARKMAN ST		OAKVILI	_E			СТ	06779	
Principal Occupation DEPUTY POLICE CHIEF			Name of Employer TOWN OF WA	TERTOWN				
Is contributor a principal of a state contractor or prospective state contractor? OYes  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative			Is contributor a lo or dependent chil		8 N	C9	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No Cash Money C	ntribution:  Personal Check Order Credit/Debit Care	Date Red May 4	Received Aggregate Contribution 14, 2014 100					
Last Name	I	First			N	1I	Contribution ID#	
РЕТТА	,	OHTMA	THONY				0017	
Residential Street Address	C	City				State	Zip Code	
38 FLINTLOCK RD	ITLOCK RD WATERTOWN					СТ	06795	
Principal Occupation Name of Employer								
68NERAL MGR/OFFICER			CT CONCRETE	E CONSTRUC	TION INC			
Is contributor a principal of a state contractor or prospective so If yes, indicate which branch or branches of government the contract is with:  DExecutive	tate contractor? OYes  Clegislative	<b>⊙</b> No	Is contributor a le or dependent chi		8 <sup>Y</sup>	C3	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Method of Co. Money O	ntribution:  Personal Check order Credit/Debit Card	Date Red	eived , 2014	Aggregate Contr	ibutions			
Last Name		First			N	⁄II	Contribution ID#	
DURSO		DORA					0018	
Residential Street Address		City				State	Zip Code	
10 GOLFVIEW DR	]	WATER	TOWN			СТ	06795	
Principal Occupation			Name of Employer		. scuoo			
TEACHER			OUR LADY O	- MT CARME	L SCHOO		· · · · · · · · · · · · · · · · · · ·	
Is contributor a principal of a state contractor or prospective s  If yes, indicate which branch or branches of government the contract is with:  OExecutive	tate contractor? OYes  Clegislative	<b>⊙</b> No	Is contributor a lo or dependent chi		8	<b>~</b> 5	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Money O	ntribution:  Personal Check  Order Credit/Debit Care	Date Re	ceived , 2014	Aggregate Control	ributions			
•	SUBTOTA	AL Sec	tion B — Thi	is Page 25	50			

## Section B. ADDITIONAL PAGE 6 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				ユ	- 7	SAF	IFP6
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First				MI		Contribution ID #
GUERRERA	VITTOR	Α					0019
Residential Street Address	City					State	Zip Code
709 WASHINGTON AVE	WATERI					CT 	06708
Principal Occupation		Name of Employer					
RETIRED		N/A					
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:  Executive OLegislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				Amour	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? O No Wethod of Contribution:  OCash OPersonal Chec Omoney Order Ocredit/Debit C			Aggregate Cont	tributions			
Last Name	First				ΜI	<u> </u>	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 CON	STRUCTION				
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  OYes ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  ONO  OHOMOTOR  ONO  ONO  ONO  ONO  ONO  ONO  ONO							t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No OCash OPersonal Check	Date Re-		Aggregate Cont	ributions			
If yes, list Event #: Money Order Credit/Debit C	ard 3/4/1	<u> </u>	20				
Last Name	First				MI		Contribution ID #
DURSO	TOM					(	0021
Residential Street Address	City					State	Zip Code
10 GOLFVIEW DR	WATER	TOWN			ď	CT	06795
Principal Occupation	<u> </u>	Name of Employer					
HEARINGS REP		STATE OF CT	DOL/EQUIF	AX			
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amoun	t of Contribution
Is this contribution associated with a Yes Method of Contribution:	Date Re	ceived	Aggregate Cont	ributions			
fundraising event listed in Section J1? O No Money Order Personal Check Money Order Credit/Debit C		4	100				
SUBTO	TAL Sec	tion B — Thi	s Page 1	40		_	

## Section B. ADDITIONAL PAGE 7 of 65

			TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				I5	AAFPG	
butions fi	om Individu	als				
First			]	MI	Contribution ID #	
CAREY		·		la.	0022	
1	-01.41			- 1	•	
WATERI				CI	06795	
	Name of Employer					
		·	<del></del>			
OExecutive OLegislative or depet			? 01	CS	Amount of Contribution	
.		Aggregate Con	tributions			
First				MI	Contribution ID #	
PAUL					0023	
City					1 *	
40 HARD ROCK RD WATERTOWN					06795	
Principal Occupation Name of Employer						
	GUY HVAC					
Yes <b>©</b> No			; 8	No	Amount of Contribution	
		Aggregate Con	tributions			
First				MI	Contribution ID #	
STEPHE	N				0024	
City				Sta	te Zip Code	
OAKVIL	LE			CT	06779	
	Name of Employer					
	CRYSTAL ROO	CK				
Yes ONo			8	1 63 1	Amount of Contribution	
		Aggregate Con	tributions			
TAL Sec	tion B — Thi	is Page 6	0			
	First CAREY  City WATERT  Yes No  Date Rec '5/4/14  City WATERT  Yes No  Date Rec '5/4/14  First PAUL  City WATERT  Yes No  Card  First STEPHE City OAKVIL  Yes No  Date Rec '5/4/1	First CAREY  City WATERTOWN  Name of Employer  Ves No Is contributor a le or dependent chil  Sch Card  First PAUL  City WATERTOWN  Name of Employer GUY HVAC  Yes No Is contributor a le or dependent chil  Date Received  '5/4/14  First STEPHEN  City OAKVILLE  Name of Employer CRYSTAL ROC  OAKVILLE  Name of Employer CRYSTAL ROC  OAKVILLE  Date Received  '5/3/14	CAREY  City WATERTOWN  Name of Employer  Date Received Aggregate Control  Sck Card State PAUL  City WATERTOWN  Name of Employer GUY HVAC  Yes No Is contributor a lobbyist, spouse or dependent child of a lobbyist  City WATERTOWN  Date Received Aggregate Control  Sck Card State PAUL  City OAKVILLE  Name of Employer CRYSTAL ROCK  Yes No Is contributor a lobbyist, spouse or dependent child of a lobbyist  City OAKVILLE  Name of Employer CRYSTAL ROCK  Yes No Is contributor a lobbyist, spouse or dependent child of a lobbyist  OAKVILLE  Name of Employer CRYSTAL ROCK  Yes No Is contributor a lobbyist, spouse or dependent child of a lobbyist  OAKVILLE  Date Received Aggregate Contributor a lobbyist, spouse or dependent child of a lobbyist  OAKVILLE  Date Received Aggregate Contributor a lobbyist, spouse or dependent child of a lobbyist  OAKVILLE  Date Received Aggregate Contributor a lobbyist, spouse or dependent child of a lobbyist  OAKVILLE  Name of Employer  CRYSTAL ROCK  Yes No Is contributor a lobbyist, spouse or dependent child of a lobbyist  OAKVILLE	First CAREY  City WATERTOWN  Name of Employer  Paul  City WATERTOWN  PAUL  City WATERTOWN  Name of Employer  GUY HVAC  Yes  No  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  PAUL  City WATERTOWN  Name of Employer GUY HVAC  Yes  No  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  PAUL  City WATERTOWN  Name of Employer GUY HVAC  Yes  No  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  City OAKVILLE  Name of Employer CRYSTAL ROCK  Yes  No  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  OAKVILLE  Name of Employer CRYSTAL ROCK  Yes  ONO  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  OAKVILLE  Date Received  Aggregate Contributions  Aggregate Contributions  OAKVILLE  Name of Employer CRYSTAL ROCK  Yes  ONO  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  OAKVILLE  Date Received  Aggregate Contributions  OAKVILLE  Aggregate Contributions	First CAREY  City WATERTOWN  Name of Employer  Ves No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributions  Stat Card  First PAUL  City WATERTOWN  Name of Employer  GUY HVAC  Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  PAUL  Name of Employer  GUY HVAC  Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Paul Paul Paul Paul Paul Paul Paul Paul	

## Section B. ADDITIONAL PAGE 8 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE	TYPE OF REPORT			
FRIENDS OF JOE POLLETTA			- <u></u>	I	IS	FAA	FP6	
B. Itemized Contrib	utions fi	om Individu	als					
Last Name	First				MI		Contribution ID #	
DIMASCIA	RICO	··					0025	
Residential Street Address	City	_				State	Zip Code	
66 PINERIDGE DR	OAKVILI					<u>ст</u>	06779	
Principal Occupation		Name of Employer						
MAINTAINER		STATE OF COM	NNECTICU	JT				
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: Executive OLegislative					Yes No	Amou 20	ent of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No No Cash Personal Check Money Order Credit/Debit Contribution:    Method of Contribution:   Ocash Personal Check   Ocash Pers	5/4/1	te Received Aggregate Contributions  /4/14 20						
Last Name	First				MI		Contribution ID #	
MCHALE	ROBERT					,	0026	
Residential Street Address						State	Zip Code	
111 GEORGETOWN DR WATERTOWN CT						СТ	06795	
Principal Occupation Name of Employer								
PHOTOGRAPHER MCHALE PHOTOGRAPHY								
Is contributor a principal of a state contractor or prospective state contractor? OYes of government the contract is with:  OExecutive OLegislative  ONO Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  ONO NO NO OExecutive OLegislative							int of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Yes No Wethod of Contribution:  Cash Personal Check Money Order Credit/Debit Cash			Aggregate C	Contributions				
Last Name	First		-		MI		Contribution ID#	
MAJOR	DEBORA	λH					0027	
Residential Street Address	City					State	Zip Code	
168 TUTTLE RD	SOUTH	BURY				CT	06488	
Principal Occupation		Name of Employer						
CLERK	_	FRANKLIN PIL	ICY 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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spoud d of a lobby	use, vist?	Yes No	Amoi	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? O No Cash Credit/Debit C. Money Order Credit/Debit C.			Aggregate C	Contributions				
SUBTO	「AL Sec	tion B — Thi	s Page	70				

#### Section B. ADDITIONAL PAGE 9 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				ニ	ニエ	SAA	FP6
B. Itemized Contrib	utions fi	rom Individu	als				
Last Name	First				MI		Contribution ID#
GUERRERA	LISA						0028
Residential Street Address	City				l	State	Zip Code
185 NEILL DR	WATERT					<b>с</b> т	06795
Principal Occupation		Name of Employer					
MARKETING COMMUNICATIONS ADMINISTRATOR		MACDERMID	······································			,	
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:  DExecutive OLegislative		Is contributor a lo or dependent chil	d of a lobbyis	st? O	Yes No	Amoui 50	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    No      Method of Contribution:	15/4/1	ate Received Aggregate Contribution  /4/14 50					
Last Name	First				ΜI		Contribution ID#
MCHALE	ANNE ANNE						0029
Residential Street Address	City					State	Zip Code
111 GEORGETOWN DR WATERTOWN						СТ	06795
Principal Occupation Name of Employer							
PHOTOGRAPHER MCHALE PHOTOGRAPHY							
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  OExecutive OLegislative  ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution or dependent child of a lobbyist?							nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Wesh No Wesh Wesh (Section J1) Personal Check (Money Order Credit/Debit Cash			Aggregate Co	ntributions			
Last Name	First				MI		Contribution ID#
LOI	GERARE	DINA					0E00
Residential Street Address	City					State	Zip Code
195 NEILL DR	WATER					СТ	06795
Principal Occupation		Name of Employer					
ACCOUNTANT		ATILLC				<b>.</b>	
Is contributor a principal of a state contractor or prospective state contractor? OYO If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spous d of a lobbyi	se, st? 8	Yes No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No Wethod of Contribution:    Method of Contribution:   Cash   Cash			Aggregate Co	ontributions			
SUBTO	TAL Sec	tion B Thi	s Page	125			
1							

## Section B. ADDITIONAL PAGE 10 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Co	mmission)				TYPE (	OF RI	EPORT	
FRIENDS OF JOE POLLETTA						エエ	SAA	FP6
B. Itemize	ed Contribu	tions f	rom Individu	als				
Last Name	F	irst				MI	Co	ntribution ID#
GUERRERA	i	MARIO					oc	31
Residential Street Address	Residential Street Address City						State	Zip Code
185 NEILL DR WATERTOWN							CT (	06795
Principal Occupation			Name of Employer					
EYELET TOOLMAKER			NU CAP					
s contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  OYes ONo  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					use, vist?	Yes No	Amount o	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No	Personal Check	Date Red		Aggregate (	Contributions			
Last Name	F	irst				MI	Со	ntribution ID#
BUTTERLY		HANIC					00	32
Residential Street Address	C	ity					State 2	Zip Code
59 LITCHFIELD RD	V	VATERT	OWN				ст (	06795
Principal Occupation			Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or prospective state contr  If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLeg	•	<b>⊙</b> No	Is contributor a lo or dependent chil		use, rist?	Yes No	Amount o	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Contribution:  If yes, list Event #:	Personal Check	Date Red '5/4/1		Aggregate (	Contributions	·		
Last Name	F	irst		•		MI	Co	ntribution ID#
BUTTERLY	S	EAN					00	33
Residential Street Address	C	ity					State 2	Zip Code
59 LITCHFIELD RD	V	VATERT	OWN			-	ст (	06795
Principal Occupation	<u></u>		Name of Employer					
TEACHER			TOWN OF HA	MDEN				
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:  OExecutive OLeg	•	ON₀	Is contributor a lo or dependent chil		ise, 8	Yes No	Amount o	of Contribution
Is this contribution associated with a Yes Method of Contribution:		Date Rec	eived	Aggregate (	Contributions			
fundraising event listed in Section J1? O No  If yes, list Event #:  Cash Money Order	Personal Check Credit/Debit Card	'5/3/1 <sub>4</sub>	4	50				
	SUBTOTA	L Sect	ion B — Thi	s Page	150			

#### Section B. ADDITIONAL PAGE 1/1 of 65

MANUE OF COMMITTEE (Desuide Complete Name of Projectored with Commission)				TYPE OF	е веро	DТ
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  FRIENDS OF JOE POLLETTA						
					- 3/11	ATPG
B. Itemized Contrib	<del> </del>	rom Individu	ıals	<del></del>		To
Last Name  MANCINI	First	11.15		I N	MI	Contribution ID #
		NE				0034
Residential Street Address	City	·			State	
4 OLD COLONY RD	WOLCO	Π			CT	06716
Principal Occupation	•	Name of Employer				
ADMINISTRATIVE COORDINATOR		COMMUNITY	HEALTH NET	WORK		
Is contributor a principal of a state contractor or prospective state contractor? Ye  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8 N	103	mount of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    No    OCash    OPersonal Check    Money Order    Order			Aggregate Contrib	utions		
Last Name	First		<del></del>	ı	MI	Contribution ID#
MANCINI	CARL	·····				0035
Residential Street Address	City	_			State	l '
4 OLD COLONY RD	WOLCO	П			CT	06716
Principal Occupation	1	Name of Employer				
SALES REP	!	J & L MEDICAL	L			
Is contributor a principal of a state contractor or prospective state contractor? Ye If yes, indicate which branch or branches of government the contract is with:  DExecutive OLegislative		ls contributor a lo or dependent child	ld of a lobbyist?	8 N	L CS	mount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Car	Date Rec	ceived 5, 2014	Aggregate Contrib	utions		
Last Name	First		<del></del>	Ŋ	MI	Contribution ID#
KOLATSKY	THOMA:	5				0036
Residential Street Address	City				State	Zip Code
Redward avenue	WATERT				СТ	06795
Principal Occupation		Name of Employer				<del></del>
RETIRED	!	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent child		8 N	Ų3	mount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No	Date Rec May 5,		Aggregate Contrib	utions		
SUBTOT	AL Sect	tion B — This	s Page 15			
			J			

## Section B. ADDITIONAL PAGE 12 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE O	)F RF	PORT	
FRIENDS OF JOE POLLETTA			<del></del>	<del> </del>		AAF	P6
B. Itemized Contrib	outions f	rom Individu	ıals				
Last Name	First				MI	T	Contribution ID #
BETTANCOURT	HEN	ry					0037
Residential Street Address	City					State	Zip Code
109 FRANSON ROADON	WATER				(	СТ	06795
Principal Occupation RETIRED		Name of Employer					
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:  Executive OLegislative		or dependent chil	ld of a lobbyist?	8		Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No If yes, list Event #:  Method of Contribution:  Ocash Personal Check Money Order Ocredit/Debit Carterian Contribution:	Date Red May 5		Aggregate Contrib	outions			
Last Name	First				MI		Contribution ID#
SKROWSKI	STEPHE	N				[0	8100
Residential Street Address	City	•			s	State	Zip Code
CHERRY AVENUE 3ം3	WATERT	(OWN			C	CT	06795
Principal Occupation	L	Name of Employer					<u> </u>
POLICE SARGEANT		WATERTOWN	POLICE DEPT	ī			
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:  OExecutive OLegislative  ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					Yes No	Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? O No Cash Personal Check Money Order Credit/Debit Ca	Date Reco	ceived 5, 2014	Aggregate Contrib	utions			
Last Name	First				MI	1	Contribution ID #
VARRONE	GIUSEPF	PE				[0	0039
Residential Street Address	City				S	State	Zip Code
290 LITCHFIELD RD	WATERT					T	06795
Principal Occupation RETIRED	١	Name of Employer					
Is contributor a principal of a state contractor or prospective state contractor? Ye If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative		Is contributor a lo or dependent chil		8;	No [	Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No If yes, list Event #:  Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		i, 2014	Aggregate Contrib	utions			·····
SUBTOT	'AL Sect	tion B — Thi	s Page 15				

#### Section B. ADDITIONAL PAGE 13 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE O	F RE	PORT
FRIENDS OF JOE POLLETTA				エ	IS	SAAFPG
B. Itemized Contrib	utions f	rom Individu	ıals			,
Last Name	First				MI	Contribution ID #
GUERRERA	FRANK			<u> </u>		0040
Residential Street Address	City				S	State Zip Code
99 WESTGATE RD	WATER	TOWN				T 06795
Principal Occupation RETIRED		Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chi			Yes No	Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Cash			Aggregate Co	ntributions		
Last Name	First				ΜI	Contribution ID #
GUERRERA	ANN					0041
Residential Street Address	City				S	State Zip Code
99 WESTGATE RD	WATERT	OWN				T 06795
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state contractor?   If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil				Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? O No Cash OPersonal Check Myes, list Event #:		eived 5, 2014	Aggregate Cor	ntributions		
Last Name	First		<u> </u>		ΜI	Contribution ID#
NEALY	ALLISON	١				0042
Residential Street Address	City				S	State Zip Code
5 MERRIMAC STREET	OAKVILI	_E				T 06779
Principal Occupation		Name of Employer				
COOK		ROCK GARDE	N CAFE			
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			No	Amount of Contribution  5
Is this contribution associated with a fundraising event listed in Section J1?   One of Contribution:  Ocash	Date Red May 5	, 2014	Aggregate Cor	ntributions		
SUBTOT	AL Sect	tion B — Thi	s Page 1	5		

## Section B. ADDITIONAL PAGE /4 of 65

			TYPE	OF R	EPORT	
			#	ts	AA+	FP6
outions f	rom Individu	ıals				
First				MI		Contribution ID#
MEGAN						0043
City					State	Zip Code
OAKVIL					СТ	06779
	Name of Employer					
	AIEP					
	or dependent chi			Yes No	Amou	nt of Contribution
k May 5		Aggregate C	ontributions			
First	· · · · · · · · · · · · · · · · · · ·			MI		Contribution ID#
NICOLIN	IA					0044
City					State	Zip Code
WATERT	TOWN				СТ	06795
	Name of Employer					
es <b>O</b> No			se, 8	Yes No		nt of Contribution
May 5		Aggregate Co	ontributions			
First				ΜĮ		Contribution ID#
SUSANI	NA					0045
City			•		State	Zip Code
WATERT	TOWN				CT	06795
· · · · · · · · · · · · · · · · · · ·	Name of Employer					
	THE HARTFOR	RD CO INC	•			
es <b>O</b> No			se, st?	Yes No	Amoui	nt of Contribution
Maye		Aggregate Co	ontributions			
ΓAL Sec	tion B — Thi	s Page	25			
	First MEGAN City OAKVIL  es ONo Date Re May 5 First NICOLIN City WATERT  Barrow City WATERT  City WATERT  City WATERT  City WATERT  Date Rec Card May 5  First SUSANN City WATERT  Date Rec Card May 5	First MEGAN  City OAKVILLE  Name of Employer AIEP  ard  Date Received May 5, 2014  First NICOLINA  City WATERTOWN  Name of Employer  ard  Date Received May 5, 2014  First SUSANNA  City WATERTOWN  Name of Employer  THE HARTFO  ard  Date Received May 5, 2014  First SUSANNA  City WATERTOWN  Name of Employer  THE HARTFO  ard  Date Received May 5, 2014  Date Received May 5, 2014  Date Received  May 5, 2014	MEGAN  City OAKVILLE  Name of Employer AIEP  at Date Received May 5, 2014  First NICOLINA  City WATERTOWN  Name of Employer  Aggregate Contributor a lobbyist, spouror dependent child of a lobbyist dependent child of	First MEGAN  City OAKVILLE  Name of Employer AIEP  Bate Received May 5, 2014  City WATERTOWN  Name of Employer  Name of Employer  Aggregate Contributions  Solve or dependent child of a lobby ist, spouse, or dependent child of a lobby ist?  Bate Received May 5, 2014  City WATERTOWN  Name of Employer  Part Received May 5, 2014  City WATERTOWN  Name of Employer  THE HARTFORD CO INC  Solve ONO  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  SUSANNA  City WATERTOWN  Name of Employer  THE HARTFORD CO INC  Solve ONO  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  One of Employer  THE HARTFORD CO INC  Solve ONO  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  One of Employer  THE HARTFORD CO INC  Aggregate Contributions  Aggregate Contributions	Putions from Individuals  First MEGAN  City OAKVILLE  Name of Employer AIEP  es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  First NICOLINA  City WATERTOWN  Name of Employer  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Part Nicolina  City WATERTOWN  Name of Employer  Aggregate Contributions  And Aggregate Contributions  And Name of Employer  THE HARTFORD CO INC  Es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Part SUSANNA  City WATERTOWN  Name of Employer  THE HARTFORD CO INC  Es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Name of Employer  THE HARTFORD CO INC  Aggregate Contributions  Aggregate Contributions	First MEGAN  City OAKVILLE  Name of Employer AIEP  es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  First NICOLINA  City MATERTOWN  Name of Employer  City WATERTOWN  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Name of Employer  THE HARTFORD CO INC  Es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Name of Employer  THE HARTFORD CO INC  Es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Date Received Aggregate Contributions  Name of Employer  THE HARTFORD CO INC  Es No Date Received Aggregate Contributions  Aggregate Contributions  No Date Received Aggregate Contributions  No Date Received Aggregate Contributions  No Date Received Aggregate Contributions  Aggregate Contributions  No Date Received Aggregate Contributions  Aggregate Contributions  Aggregate Contributions

#### Section B. ADDITIONAL PAGE 15 of 65

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Commission)				TYPE C	)F RI	EPORT	
FRIENDS OF JOE POLLETTA						T	SAA	IFP6
	B. Itemized Contrib	utions f	rom Individu	ıals				
Last Name		First				MI		Contribution ID#
POLLETTA		FELICIA					ľ	0046
Residential Street Address		City			•		State	Zip Code
159 TARBELL AVENUE		OAKVIL	LE				CT	06779
Principal Occupation			Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor?					yist?	Yes No	Amour 10	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	OCash OPersonal Check Money Order OCredit/Debit Ca	May 5		Aggregate	Contributions			
Last Name		First	•	•		MI	1	Contribution ID #
POLLETTA		ROSE					(	0047
Residential Street Address		City					State	Zip Code
454 LAKEVIEW RD		WATER	TOWN			ŀ	CT	06795
Principal Occupation		•	Name of Employer					•
PROJECT MANAGER			THE HARTFO	rd insur	ANCE CO			
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lor dependent chi				Amoun	nt of Contribution
l	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate (	Contributions			
Last Name	• • •	First				MI		Contribution ID#
POLLETTA		ROSARI	0				- 0	0048
Residential Street Address		City					State	Zip Code
54 LAKEVIEW RD		WATER	TOWN			ŀ	СТ	06795
Principal Occupation		·	Name of Employer					
HEAD MEAT CUTTER			STOP & SHOP	)				
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chi			Yes No	Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		, 2014	Aggregate C	Contributions			
	SUBTOT	AL Sec	tion B — Thi	s Page	30		<u> </u>	
		•						
								2
								1

## Section B. ADDITIONAL PAGE 16 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE (	OF RI	EPORT	
FRIENDS OF JOE POLLETTA				ユ	土	SAF	4FP6
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First				MI	7	Contribution ID#
HILL	SANDRA	4				C	0049
Residential Street Address	City					State	Zip Code
166 ICE HOUSE RD			СТ	06795			
Principal Occupation  ADMINISTRATOR  Name of Employer  SELF EMPLOYED / Tom +					. RI	EALTY	,
Is contributor a principal of a state contractor or prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes on the state contractor of prospective state contractor? OYes of the state contractor of prospective state contractor? OYes of the state contractor of prospective state contractor? OYes of the state contractor of prospective state contractor of pros					Yes No	Amoun	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? ONO No Cash OPersonal Check (Money Order OCredit/Debit Cash)			Aggregate Contr.	ibutions			
Last Name	First		• . , .		MI	C	Contribution ID#
РЕТТА	ANTOIN	ETTA				O	0050
Residential Street Address	City					State	Zip Code
1823 LITCHFIELD RD	WATERT	OWN				СТ	06795
Principal Occupation		Name of Employer				-	
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8	Yes No	Amount	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? O No Cash Personal Check Myes, list Event #:  Method of Contribution:  Cash Personal Check Money Order Credit/Debit Cash		eived , 2014	Aggregate Contri	ibutions			
Last Name	First				MI		Contribution ID#
DISTASI	RICHAR	D				0	0051
Residential Street Address	City				$\overline{}$	State	Zip Code
525 HAMILTON AVENUE	WATERT	OWN			-	СТ	06795
Principal Occupation		Name of Employer					
TOOLMAKER		BRAXTON MF	G				
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8	Yes No	Amount	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No Money Order Personal Check Money Order Credit/Debit Ca			Aggregate Contri	ibutions			
SUBTOT	AL Sect	tion B — Thi	s Page 2	5			

## Section B. ADDITIONAL PAGE /? of 65

NAME OF COMMITTEE (Provide Complete No	ame as Registered with Commission)				TYPE O	F RI	EPORT	
FRIENDS OF JOE POLLETTA					I	E S	SAAT	FP6
	B. Itemized Contrib	utions f	rom Individu	als				
Last Name		First				MI	- 1	Contribution ID #
FENN		BRIANN	A				!	0052
Residential Street Address		City					State	Zip Code
31 NOVA SCOTIA HILL RD		WATER	TOWN				CT	06795
Principal Occupation			Name of Employer					
WAITRESS			ROCK GARDE	N CAFE				
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	es <b>O</b> No	Is contributor a lor dependent chi	obbyist, spouse, ld of a lobbyist?	8	Yes No	Amour	nt of Contribution
	Method of Contribution:	Date Re	ceived	Aggregate Contril	outions			
fundraising event listed in Section J1? O No If yes, list Event #:	Cash Personal Check Money Order Credit/Debit C		, 2014	5				
Last Name		First				ΜI		Contribution ID#
BASILE		VINCEN'	Т				]	0053
Residential Street Address		City					State	Zip Code
12 CAMP AVENUE		OAKVILI	LE				CT	06779
Principal Occupation			Name of Employer		·			
RETIRED								
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	es <b>O</b> No	Is contributor a le or dependent chi		8	Yes No	Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca	Date Real	5, 2014	Aggregate Contrib	outions			
Last Name		First		<del>/</del>		MI		Contribution ID #
DISTASI		SUSAN						0054
Residential Street Address		City					State	Zip Code
525 HAMILTON AVENUE		WATER	TOWN				CT	06795
Principal Occupation			Name of Employer					
UNEMPLOYEDON								
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	es <b>O</b> No	Is contributor a le or dependent chi		8	Yes No	Amour 5	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		, 2014	Aggregate Contril	outions			
	SUBTO	TAL Sec	tion B — Thi	is Page 15	•			

## Section B. ADDITIONAL PAGE $\underline{/8}$ of $\underline{65}$

utions for First DAVID City OAKVIL	rom Individu	als		MI	Contribution ID #
First DAVID City	rom Individu	als		MI	Contribution ID #
DAVID City		<del></del>		MI	Contribution ID#
City					Condibation 15 #
*					00\$5
OAKVILI					State Zip Code
<u> </u>					CT 06779
	Name of Employer				
s <b>O</b> No					Amount of Contribution  5
	ceived	Aggregate Cont	tributions		
	, 2014	5			
First		<del></del>		MI	Contribution ID#
MICHAE	L				0056
City					State Zip Code
OAKVILI	LE				CT 06779
	Name of Employer				
	AQUA TURF C	LUB			
s <b>O</b> No				Yes No	Amount of Contribution
May 5	•	Aggregate Cont	ributions		
First		<u> </u>		MI	Contribution ID#
ТНОМА	S				0057
City			· · · · · · · · · · · · · · · · · · ·		State Zip Code
WATER	rown				CT 06795
	Name of Employer				
s <b>O</b> No			8	Yes No	Amount of Contribution 5
	ceived	Aggregate Cont	ributions		
	, 2014	5			
AL Sec	tion B — Thi	s Page 1	5		
	Date Red May 5  First MICHAE City OAKVILI  Sand First THOMA City WATERT  City WATERT	Name of Employer  Date Received May 5, 2014  First MICHAEL  City OAKVILLE  Name of Employer AQUA TURF Cordependent chil  See No Is contributor a lead of dependent chil  Thomas  City WATERTOWN  Name of Employer AQUA TURF Cordependent chil  See No Is contributor a lead of dependent chil  Thomas  City WATERTOWN  Name of Employer  See No Is contributor a lead of dependent chil  Date Received May 5, 2014	Name of Employer  Date Received Aggregate Contact May 5, 2014  First MICHAEL  City OAKVILLE  Name of Employer AQUA TURF CLUB  Solve or dependent child of a lobbyist, spouse or dependent child of a lobbyist.  Thomas  City Water Contact Aggregate C	Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributions  May 5, 2014  First MICHAEL  City OAKVILLE  Name of Employer AQUA TURF CLUB  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  May 5, 2014  First THOMAS  City WATERTOWN  Name of Employer  See No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Part THOMAS  City WATERTOWN  Name of Employer  See No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  See No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributions  May 5, 2014  First MICHAEL  City OAKVILLE  Name of Employer AQUA TURF CLUB  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Date Received Aggregate Contributions  May 5, 2014  First THOMAS  City WATERTOWN  Name of Employer  Aggregate Contributions  MI  MI  MI  Aggregate Contributions  Solve No  Aggregate Contributions  Solve No  Aggregate Contributions  MI  Date Received Aggregate Contributions  Solve No  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions

#### Section B. ADDITIONAL PAGE 19 of 65

NAME OF COMMITTEE (Provide Complete No	ame as Registered with Commission)				TYPE O	F RE	PORT	
FRIENDS OF JOE POLLETTA					エ	<b>-</b> J.	SAF	AFPG
	B. Itemized Contrib	utions f	rom Individu	als				
Last Name		First				ΜI	- 1	Contribution ID #
GUERRERA		VITTORI	10					0058
Residential Street Address		City					State	Zip Code
329 MIDDLEBURY RD		WATER1	TOWN				CT	06795
Principal Occupation			Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chi			Yes No	Amoui	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived , 2014	Aggregate (	Contributions			
Last Name	<u> </u>	First			- · · · · · · · · · · · · · · · · · · ·	ΜI		Contribution ID#
VOGEL-HURLEY		MICHEL	LE				ļ.	0059
Residential Street Address		City				7	State	Zip Code
71 HILLSIDE AVE		OAKVILI	LE			-	CT	06779
Principal Occupation			Name of Employer					
SECRETARY			ATTORNEY FF	RANKLIN	PILICY			
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amour 5	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate (	Contributions			
Last Name		First		<u>'</u>		ΜI		Contribution ID #
GIRARD		AMAND	)A				]	0060
Residential Street Address		City		·	L	T	State	Zip Code
99 MILLIKIN STREET		OAKVILI	LE				CT	06779
Principal Occupation			Name of Employer					
DIETARY AIDE			WATERBURY	HOSPITA	L			
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	s <b>O</b> No	Is contributor a le or dependent chil			Yes No	Amour 5	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate (	Contributions			
	SUBTOT	AL Sec	tion B — Thi	s Page	15	•		
<u> </u>								<del></del>

## Section B. ADDITIONAL PAGE 20 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				ТҮРЕ О	F RE	PORT
FRIENDS OF JOE POLLETTA				I	IS	SAAFP6
B. Itemized Contrib	utions f	rom Individu	als			
Last Name	First				MI	Contribution ID#
DAVERSA	MARIA					0061
Residential Street Address	City	<del></del> -				State Zip Code
1108 MAIN ST	WATER	TOWN				T 06795
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative		Is contributor a lo or dependent chi	ld of a lobbyi	ist?	Yes No	Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? No		ceived , 2014	Aggregate Co	ontributions		
Last Name	First		<del>/</del>		ΜI	Contribution ID#
GUERRERA	GIUSEPI	PE				0062
Residential Street Address	City			••	s	State Zip Code
686 FRENCH ST	OAKVIL	LE			C	T 06779
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state contractor? You If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate Co	ontributions		
Last Name	First				MI	Contribution ID #
GUERRERA	MARGA	RET				0063
Residential Street Address	City			•	S	State Zip Code
686 FRENCH ST	OAKVIL					T 06779
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state contractor? OYou If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative	es <b>O</b> No	Is contributor a lor dependent chi			No	Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1?    No    Method of Contribution:  Cash	Date Read May 5	ceived 5, 2014	Aggregate Co	ontributions		
SUBTO	ΓAL Sec	tion B — Thi	is Page	15		

# Section B. ADDITIONAL PAGE 31 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				1	Ţ	SAA	FP6
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First				MI		Contribution ID #
LAPORTA	GIUSSE	PINA				(	0064
Residential Street Address	City					State	Zip Code
135 BELDEN ST	WATER					<u> </u>	06795
Principal Occupation		Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor? OYes of No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					Yes No	Amoun 5	nt of Contribution
Is this contribution associated with a Yes Method of Contribution:	Date Re	ceived	Aggregate Cor	ntributions			
fundraising event listed in Section J1? O No Cash Personal Check Money Order Credit/Debit C	k ard May 5	, 2014	5				
Last Name	First		<del></del>		MI	1	Contribution ID#
HUGHES	LUCIA					l	0065
Residential Street Address	City					State	Zip Code
57 NORWAY ST	OAKVIL	LE				CT	06779
Principal Occupation		Name of Employer					
MANAGER		WATERBURY	HOSPITAL				
Is contributor a principal of a state contractor or prospective state contractor? Yes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  OYes ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  Sometime of Contract is with:  OExecutive OLegislative							t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Cash		ceived 5, 2014	Aggregate Cor	tributions			
Last Name	First		<u> </u>		ΜI		Contribution ID #
ZURLO	FILOME	NA				l	0066
Residential Street Address	City					State	Zip Code
26 BURNHAM ST	OAKVIL	LE				СТ	06779
Principal Occupation	<u>'</u>	Name of Employer					
MACHINE OPERATOR		SIEMAN COM	IPANY				
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		·. 8	Yes No	Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? O No Cash Personal Check If yes, list Event #:  Method of Contribution:  OCash Personal Check Money Order Credit/Debit Cash	Date Re	ceived 5, 2014	Aggregate Cor	ntributions			
SUBTO	ΓAL Sec	tion B — Thi	s Page 1	5			

## Section B. ADDITIONAL PAGE 22 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA	_			ユニ	ESAA	IFPG	
B. Itemized Contrib	utions f	rom I <b>n</b> dividu	als				
Last Name	First			N	MI .	Contribution ID#	
GUERRERA	MARIA					0067	
Residential Street Address	City				State	Zip Code	
156 OLD COLONY RD	WATER	TOWN			СТ	06795	
Principal Occupation RETIRED		Name of Employer					
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:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chi		8 N	C2	nt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? ONO Cash Personal Check Money Order Credit/Debit C			Aggregate Contribu	utions			
Last Name	First	· · · · · · · · · · · · · · · · · · ·		N	ΛΊ	Contribution ID #	
D'ABATE	ANNA					0068	
Residential Street Address City					State	Zip Code	
404 NEILL DR WATERTOWN					СТ	06795	
Principal Occupation Name of Employer							
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor? OYes of sovernment the contract is with:  OExecutive OLegislative  ONO Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				8 <sup>y</sup>	cs	nt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Yes No Wethod of Contribution:  Ocash Opersonal Check Money Order Occupit/Debit Ca		ceived 5, 2014	Aggregate Contribu	itions			
Last Name	First			N	MI I	Contribution ID#	
PETTA	ANTON	10				0069	
Residential Street Address	City	-			State	Zip Code	
1823 LITCHFIELD RD	WATER	TOWN			СТ	06795	
Principal Occupation  RETIRED		Name of Employer					
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:  OExecutive OLegislative		Is contributor a lor dependent chi	ld of a lobbyist?	8 N	Co i	nt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check Money Order Credit/Debit Co.		5, 2014	Aggregate Contribu	itions			
SUBTO	TAL Sec	tion B — Thi	is Page 15				

#### Section B. ADDITIONAL PAGE 33 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					ナエ	SAA	FP6	
	B. Itemized Contrib	utions f	rom Individu	als			<del></del> _	
Last Name		First			М	Ĭ	Contribution ID #	
MANCINI		JANICE					0070	
Residential Street Address		City				State	Zip Code	
74 REGENCY HILL DR		WATER	TOWN			CT	06795	
Principal Occupation			Name of Employer					
SALES ANALYST			BANK OF AM	ERICA			·	
	OExecutive OLegislative	es <b>O</b> No	Is contributor a lor dependent chi	Amou	nt of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash  Order  Order  Credit/Debit Cash	Date Re May 5		Aggregate Contril	outions			
Last Name		First			М	I	Contribution ID #	
RINALDI		SALVAT	ORE				0071	
Residential Street Address		City				State	Zip Code	
83 FIUME ST		OAKVIL	LE			CT	06779	
Principal Occupation		<del> </del>	Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor? OYes oN If yes, indicate which branch or branches of government the contract is with: Executive OLegislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Amou	nt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate Contril	outions			
Last Name		First			М	Ī	Contribution ID#	
BIELLO		MIKE					0072	
Residential Street Address		City			<u> </u>	State	Zip Code	
99 BRYEN RD		WATER	TOWN			СТ	06795	
Principal Occupation			Name of Employer					
RETIRED							. <u>.                                   </u>	
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYO  Executive OLegislative	es <b>O</b> No	Is contributor a l or dependent chi		8 Ye	1	nt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  OCash OMoney Order Order Order Order Order		5, 2014	Aggregate Contri	butions			
	SUBTO	ΓAL Sec	tion B — Th	is Page 15	-			

## Section B. ADDITIONAL PAGE <u>34</u> of <u>65</u>

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Commission)			T	YPE OF R	EPORT	
FRIENDS OF JOE POLLETTA					TI	SAA	+FPG
	B. Itemized Contrib	utions f	rom Individu	ıals			
Last Name		First			MI		Contribution ID #
ZURLO		JOHN					0073
Residential Street Address		City				State	Zip Code
26 BURNHAM STREET		OAKVILI				СТ	06779
Principal Occupation RETIRED			Name of Employer				
Is contributor a principal of a state contractor or p  If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  Executive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 Yes	<b>`</b>	unt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca	Date Red May 5		Aggregate Contributi	ons		
Last Name		First	<del></del>		МІ		Contribution ID #
FUSCO		ANTHO	٧Y				0074
Residential Street Address		City				State	Zip Code
192 BUNKER HILL RD		WATERT	OWN			СТ	06795
Principal Occupation			Name of Employer				
RETIRED							
Is contributor a principal of a state contractor or p  If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  Executive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 Yes No	· [	unt of Contribution
fundraising event listed in Section J1? ① No	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate Contribution	ons		
Last Name		First			MI		Contribution ID #
BIELLO		NICHOL	.AS				0075
Residential Street Address		City		<del></del>		State	Zip Code
335 BUCKINGHAM ST	!	OAKVILI	LE			ст	06779
Principal Occupation RETIRED			Name of Employer				
Is contributor a principal of a state contractor or p  If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? Ye  Executive OLegislative  Method of Contribution:	Date Rec	Is contributor a le or dependent chil		8 Yes No	, ,	unt of Contribution
fundraising event listed in Section J1? O No	Cash Personal Check Money Order Credit/Debit Ca	Maye	5, 2014	5	0113		
	SUBTOT	'AL Sec	tion B — Thi	is Page 15			

## Section B. ADDITIONAL PAGE 25 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					-SA1	+FPG	
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First				MI	Contribution ID#	
GUERRERA	MARIO					0076	
Residential Street Address	City				State	Zip Code	
104 COLONIAL STREET	OAKVIL	<b>.</b>			СТ	06779	
Principal Occupation		Name of Employer					
OWNER		MARIO AUTO					
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:  DExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8	103	ount of Contribution	
Is this contribution associated with a Yes Method of Contribution:	Date Re	ceived	Aggregate Contri	butions			
fundraising event listed in Section J1?  No Cash Personal Check Myes, list Event #:  OMoney Order Credit/Debit Ca		, 2014	5				
Last Name	First		•	·	MI	Contribution ID#	
DISTASI	TERESA					0077	
Residential Street Address	City				State	Zip Code	
45 MAPLE AVENUE OAKVILLE					СТ	06779	
Principal Occupation		Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor?   If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spouse, d of a lobbyist?	8;	L ÇS	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No No Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate Contril	butions			
Last Name	First			1	MI	Contribution ID#	
DISTASI	JOE					0078	
Residential Street Address	City				State	Zip Code	
45 MAPLE AVENUE	OAKVILI	LE			СТ	06779	
Principal Occupation		Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		83	LUS	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No No If yes, list Event #:  Method of Contribution:  OCash OMoney Order  Ord		, 2014	Aggregate Contrib	butions			
SUBTOT	'AL Sec	tion B — Thi	s Page 15				
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#### Section B. ADDITIONAL PAGE 36 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
FRIENDS OF JOE POLLETTA				エエ	SAt	AFPG		
B. Itemized Cont	tributions fi	rom Individu	als					
Last Name	First			M		Contribution ID#		
DUMAINE	MICHAE	L 			Ţ-	0079		
Residential Street Address	City				State	Zip Code		
269 TARBELL AVENUE	OAKVILI	LE			CT	06779		
Principal Occupation		Name of Employer						
SALES		SULLIVAN HONDA						
If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLegislative	Yes O No	Is contributor a lo or dependent chil	S Amo	ount of Contribution				
	ising event listed in Section J1?  No  OCash  OPersonal Check  May 5 2014			utions				
Last Name	First			MI		Contribution ID #		
SINOPOLI	EMILIO				<u> </u>	0800		
Residential Street Address City					State	Zip Code		
412 CONCORD DR WATERTOWN					СТ	06795		
Principal Occupation		Name of Employer	•					
LANDSCAPER		SELF - BE	NEDICT	ZICNE	RMA	N Im		
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:  Executive OLegislative	Yes ONo	Is contributor a lo or dependent chil		8 Yes	)	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? O No If yes, list Event #:  Method of Contribution:  OCash OPersonal Contribution:  OCash OPersonal Contribution:		eived , 2014	Aggregate Contribu	itions				
Last Name	First		<u>'</u>	М		Contribution ID #		
SINOPOLI	GRACE					0081		
Residential Street Address	City				State	Zip Code		
412 CONCORD DR	WATERT	OWN			СТ	06795		
Principal Occupation		Name of Employer				-		
SECRETARY		MEDICAL SCC	OVIL					
If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLegislative	Yes ONo	Is contributor a lo or dependent chil		8 Yes	? <b>1</b>	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? ONO  Method of Contribution:  Cash  Credit/Deb			Aggregate Contribu	itions				
SUBT	OTAL Sect	tion B — Thi	s Page 15					

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## Section B. ADDITIONAL PAGE 37 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE O	TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				エコ	-5	AAFPG		
B. Itemized Contrib	utions f	rom I <b>n</b> dividu	als					
Last Name	First				MI	Contribution ID#		
DISISTO	BRUNO					0082		
Residential Street Address	City					tate Zip Code		
1404 BUCKINGHAM ST	WATER	TOWN			C	T 06795		
Principal Occupation		Name of Employer						
CABINET MAKER		SELF / BOO	no's Co	stam (	Ltc	hens		
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:  Executive OLegislative		Is contributor a lo or dependent chil			No	Amount of Contribution  5		
Is this contribution associated with a fundraising event listed in Section J1? No			Aggregate Co	ontributions				
Last Name	First				MI	Contribution ID #		
DISISTO	MARY					0083		
Residential Street Address City					St	ate Zip Code		
1404 BUCKINGHAM ST WATERTOWN					C	T 06795		
Principal Occupation		Name of Employer						
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Cash	Date Red May 5	ceived 5, 2014	Aggregate Co	ntributions				
Last Name	First				ΜI	Contribution ID #		
MONTI	CATHY			Ī		0084		
Residential Street Address	City			<u>.                                      </u>	St	ate Zip Code		
57 BEARDSLEY AVENUE	OAKVILI	LE			C	T 06779		
Principal Occupation	<u> </u>	Name of Employer			<b>-</b>			
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No Method of Contribution:  Ocash Omoney Order Oredit/Debit Ca		, 2014	Aggregate Co	ntributions				
SUBTOT	AL Sec	tion B — Thi	s Page	15				

## Section B. ADDITIONAL PAGE 28 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					ゴ	エ	SAX	FPG
	B. Itemized Contrib	utions f	rom Individu	als				
Last Name		First				MI		Contribution ID #
ZAPPONE		CHRISTI	NA 					0085
Residential Street Address		City					State	Zip Code
53 MORELAND AVENUE		OAKVIL	LE				CT	06779
Principal Occupation			Name of Employer					
PROCESS LEADER			SIEMON CO.					
Is contributor a principal of a state contractor or prospective state contractor? OYes ON If yes, indicate which branch or branches of government the contract is with: Executive OLegislative			Is contributor a lo or dependent chil	ld of a lobbyist?		Yes No	Amou 5	nt of Contribution
fundraising event listed in Section J1? O No	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		Aggregate Contribution 5, 2014 5			utions		
Last Name		First		•		MI		Contribution ID #
DISTASI	DISTASI							0086
Residential Street Address City						State	Zip Code	
53 MORELAND AVE OAKVILLE							CT	06779
Principal Occupation Name of Employer								
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  Output  Date Received  ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  Date Received  Aggregate Contributions					Yes No	Amou	nt of Contribution	
fundraising event listed in Section J1? O No	Cash Personal Check Money Order Credit/Debit Ca	May 5	, 2014	Aggregate Contrib	outions			
Last Name		First				MI		Contribution ID #
MONTI		MARINO	)					0087
Residential Street Address		City	<u> </u>				State	Zip Code
57 BEARDSLEY AVENUE		OAKVILI	_E			ľ	CT	06779
Principal Occupation			Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or p  If yes, indicate which branch or branches of government the contract is with:	orospective state contractor? OYe  DExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8	Yes No	Amour	nt of Contribution
fundraising event listed in Section J1? No	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca.			Aggregate Contrib	outions			
			tion B — Thi	s Page 15				

## Section B. ADDITIONAL PAGE 39 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				エエ	SAF	AFP6	
B. Itemized Contrib	outions f	rom I <b>n</b> dividu	als		-		
Last Name	First			МІ		Contribution ID #	
POLLETTA	GIUSEPI	PE				0088	
Residential Street Address	City				State	Zip Code	
262 TUCKER AVENUE	OAKVIL	LE			СТ	06779	
Principal Occupation	•	Name of Employer					
ELECTRICIAN		PJ ELECTRIC					
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:  Executive OLegislative	es <b>()</b> No	Is contributor a lo or dependent chi		8 Yes	<b>'</b> I	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Chec Myes, list Event #:	Date Re k ard May 5		Aggregate Contrib	outions			
Last Name	First	······································	•	МІ		Contribution ID#	
DISTASI	SEBASTI	AN				0089	
Residential Street Address	City		-		State	Zip Code	
53 MORELAND AVE	OAKVILI	LE			СТ	06779	
Principal Occupation	· · · · · ·	Name of Employer			<del></del>		
RETIRED		SELF					
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8 Yes No	· 1	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event #:  Method of Contribution:  Cash Personal Check Money Order Credit/Debit Cash		, 2014	Aggregate Contrib	utions			
Last Name	First		<u>'''</u>	MI		Contribution ID#	
POLLETTA	LINDA					0090	
Residential Street Address	City				State	Zip Code	
262 TUCKER AVENUE	OAKVIL	LE			ст	06779	
Principal Occupation	<u> </u>	Name of Employer			<del>1</del>		
UNEMPLOYED							
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8 Yes No	'	unt of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No No Wethod of Contribution:  Cash  Personal Check  Money Order  Credit/Debit Ca		, 2014	Aggregate Contrib	utions			
SUBTO	ΓAL Sec	tion B — Thi	s Page 205	i	•		

## Section B. ADDITIONAL PAGE 30 of 65

First MARIA	rom Individu	als	t	<b>†</b> =	5AAF	P6
First MARIA	rom Individu	als				
MARIA						
ļ	GUERRERA MARIA			ΜI	1	Contribution ID#
Residential Street Address City					[	0091
1 1					State	Zip Code
WATER	TOWN				СТ	06795
	Name of Employer WATERBURY	HOSPITAI	_			
'es <b>O</b> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			8 Yes Amoun		nt of Contribution
k May 5		Aggregate (	Contributions			
First			·	ΜI		Contribution ID#
UERRERA ROBERT						0092
City					State	Zip Code
					СТ	06795
	Name of Employer					
	TOWN OF FAI	RFIELD				
Is contributor a principal of a state contractor or prospective state contractor? OYes oNo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative						t of Contribution
k May 6		Aggregate C	Contributions			
First				MI		Contribution ID#
ROBERT	•				10	0093
City					State	Zip Code
WATER	rown			1	CT	06795
	Name of Employer					
es <b>O</b> No						t of Contribution
k May 5		Aggregate C	Contributions			
ΓAL Sec	tion B Thi	s Page	300			
	Card Date Re Card May 5  First ROBERT  City WATERT  Date Re May 5  City WATERT  Cit	WATERBURY  Tes No Is contributor a le or dependent chil  Ck Card May 5, 2014  First ROBERT  City WATERTOWN  Name of Employer TOWN OF FAI  Town Is contributor a le or dependent chil  Date Received May 5, 2014  First ROBERT  City WATERTOWN  Name of Employer Town or dependent chil  Sk Card May 5, 2014  First ROBERT  City WATERTOWN  Name of Employer  Town Is contributor a le or dependent chil  Date Received May 5, 2014  Date Received May 5, 2014	Name of Employer  WATERBURY HOSPITAI  To No  Is contributor a lobbyist, sporor dependent child of a lobby  Ck Card  Date Received May 5, 2014  Name of Employer  TOWN OF FAIRFIELD  Town Of Fairst  ROBERT  Town Of Fairst  ROBERT  Town Of Fairst  ROBERT  City  WATERTOWN  Date Received May 5, 2014  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Robert  City  WATERTOWN  Name of Employer  Town Of Fairst  ROBERT  City  WATERTOWN  Name of Employer  Town Of Employer  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Name of Employer  Town Of Employer  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Date Received  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Date Received  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Date Received  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Date Received  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Date Received  Aggregate Contributor a lobbyist, sporor dependent child of a lobby  Date Received  Aggregate Contributor a lobbyist, sporor dependent child of a lobby	Name of Employer WATERBURY HOSPITAL  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributions  Name of Employer TOWN OF FAIRFIELD  Town Of Fairst Robert  City WATERTOWN  Name of Employer TOWN OF Fairst First Robert  Aggregate Contributions  Name of Employer TOWN OF Fairst Robert  City WATERTOWN  Aggregate Contributions  Name of Employer Town Of a lobbyist?  Robert  City WATERTOWN  Name of Employer  City WATERTOWN  Name of Employer  City WATERTOWN  Name of Employer  Aggregate Contributions  Only Aggregate Contributions  Aggregate Contributions	Name of Employer WATERBURY HOSPITAL  Test ROBERT  Name of Employer WATERBURY HOSPITAL  Aggregate Contributions 100  First ROBERT  No  Name of Employer TOWN OF FAIRFIELD  Town of Employer TOWN OF FAIRFIELD  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town of Employer  Town of Employer  Town of Employer  Aggregate Contributions Town of Employer  Town	Name of Employer WATERBURY HOSPITAL  Tes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received May 5, 2014 100  First ROBERT  City WATERTOWN  Name of Employer TOWN OF FAIRFIELD  Town Of Fair Is a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  MI May 5, 2014 100  Aggregate Contributions 100  Aggregate Contributions 100  City WATERTOWN  First ROBERT  City WATERTOWN  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Employer  City WATERTOWN  Name of Employer  Aggregate Contributions 100  Date Received Name of Employer  Amount of

## Section B. ADDITIONAL PAGE 31 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					I	ts	SAA	<b>2</b> 97
	B. Itemized Contrib	utions f	rom Individu	als	·			
Last Name		First				MI		Contribution ID#
MANCINI		MARIO						0094
Residential Street Address		City					State	Zip Code
517 CHERRY AVENUE		WATER	TOWN				СТ	06795
Principal Occupation			Name of Employer					
CONTRACTOR			MANCINI BRO	THERS CO	ONSTRUCT	ION		
Is contributor a principal of a state contractor or prospective state contractor? OYes ON  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			8 Yes No		nt of Contribution
	Method of Contribution:	Date Re	ceived	Aggregate C	ontributions			
fundraising event listed in Section J1? O No If yes, list Event #:	Cash Personal Check Money Order Credit/Debit Ca		, 2014	100				
Last Name		First		<del>.</del>		ΜĬ		Contribution ID #
DEMIRS KEN							0095	
Residential Street Address	esidential Street Address City						State	Zip Code
312 OAK DRIVE WATERTOWN							CT	06795
Principal Occupation Name of Employer								
REALTOR			WESTVIEW PR	ROPERTIES				
Is contributor a principal of a state contractor or prospective state contractor? OYes on dependent child of a lobbyist, spouse, or dependent child of a lobbyist?					Yes No	Amour 20	nt of Contribution	
	Method of Contribution:	Date Re	ceived	Aggregate Co	ontributions		120	
fundraising event listed in Section J1? <b>()</b> No <i>If yes</i> , list Event #:	Cash Personal Check Money Order Credit/Debit Ca		, 2014	20				
Last Name	•	First				ΜI		Contribution ID #
AYOUB		KIMBER	LY					0096
Residential Street Address	·	City					State	Zip Code
546 MT FAIR DR		WATERT	OWN			ľ	CT	06795
Principal Occupation			Name of Employer					
REALTOR			WESTVIEW PR	ROPERTIES				
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>©</b> No	Is contributor a lo or dependent chil			Yes No	Amour 10	nt of Contribution
Is this contribution associated with a Yes	Method of Contribution:	Date Rec	ceived	Aggregate Co	ontributions		}	
fundraising event listed in Section J1?  No If yes, list Event #:	Cash Personal Check Credit/Debit Ca		, 2014	10				
	SUBTOT	'AL Sec	tion B — Thi	s Page	130			

## Section B. ADDITIONAL PAGE 32 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF	REPORT	
FRIENDS OF JOE POLLETTA					SAA	<del>+</del> PG
B. Itemized Contrib	utions f	rom Individu	als			
Last Name	First			N	41	Contribution ID#
CABRAL	DAWN					0097
Residential Street Address	City				State	Zip Code
464 MT FAIR DR	WATER				СТ	06795
Principal Occupation		Name of Employer				
BROKER		WESTVIEW PR	ROPERTIES			
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: Executive OLegislative		1 15 CONTRIBUTOR & TODO YISE, SPOUSE, 1			Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No Method of Contribution:    Method of Contribution:   Cash Personal Check	Date Real		Aggregate Contrib	outions		
Last Name	First		•	N	a	Contribution ID#
CABRAL	DEAN				<u> </u>	0098
Residential Street Address	City				State	Zip Code
MT FAIR DRIVE WATERTOWN					CT	06795
Principal Occupation		Name of Employer				
-UNEMPLOYED						
Is contributor a principal of a state contractor or prospective state contractor? Ye If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 N	us į	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Ca		eived , 2014	Aggregate Contrib	utions		
Last Name	First		<u> </u>	M	11	Contribution ID #
DEMIRS	PAMELA	\				0099
Residential Street Address	City				State	Zip Code
45 PHILLIPS DR	OAKVILI				СТ	06779
Principal Occupation  AVP CLOSING MANAGER		Name of Employer WILLIAM RAV	EIS MORTGAG	GE .		
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:  Descriptive  Descriptive	Date Rec		d of a lobbyist? Aggregate Contrib	8 You	vo	nt of Contribution
fundraising event listed in Section J1? O No Cash Personal Check If yes, list Event #: Credit/Debit Ca		, 2014	10			<del></del>
SUBTOT	AL Sec	tion B — Thi	s Page 30			

## Section B. ADDITIONAL PAGE 33 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
			II	SAAF	PG		
outions f	rom Individu	als					
First	<del> </del>		N	AI C	ontribution ID #		
ANN				0	100		
City				State	Zip Code		
WATERT				СТ	06795 		
		ROPERTIES					
es <b>O</b> No	1 13 CONTRIBUTION & NOUDY 13C, SPOUSE,			lo	of Contribution		
Date Received Aggregate Contribution:  OPersonal Check OCredit/Debit Card  Date Received Aggregate Contribution  Aggregate Contribution  5			ibutions				
First			N	VI C	ontribution ID#		
SHERRY					101		
Sidential Street Address City				1	Zip Code		
DS BEACH AVE WATERTOWN				СТ	06795		
	Name of Employer						
es <b>O</b> No	or dependent chil		8 <sup>x</sup>	Co I	of Contribution		
. 1		Aggregate Contr	ibutions				
First			N	иі С	ontribution ID #		
DAVID				0	102		
City			•	State	Zip Code		
OAKVILI	LE 			СТ	06779		
	1 .						
	GUARDIAN SI	ERVICES		····			
es <b>O</b> No			8 <sup>y</sup>	US	of Contribution		
1_		Aggregate Contr	ibutions				
TAL Sec	tion B — Thi	s Page 25	,				
	es ONO  Date Reckard May 5  First SHERRY  City WATERT  ONO  Date Reckard May 5  First SHERRY  City WATERT  City OAKVIL  City OAKVIL  OAKVIL  Date Reckard May 5	First ANN  City WATERTOWN  Name of Employer WESTVIEW PF  es No Is contributor a le or dependent chil  First SHERRY  City WATERTOWN  Name of Employer  es No Is contributor a le or dependent chil  Date Received May 5, 2014  First DAVID  City OAKVILLE  Name of Employer GUARDIAN SI es No Is contributor a le or dependent chil  Name of Employer GUARDIAN SI es No Is contributor a le or dependent chil  Date Received Name of Employer GUARDIAN SI es ONo Is contributor a le or dependent chil  Date Received May 5, 2014	ANN  City WATERTOWN  Name of Employer WESTVIEW PROPERTIES  es ONo Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  First SHERRY  City WATERTOWN  Name of Employer  WATERTOWN  Name of Employer  Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributor a lobbyist?  DAVID  City OAKVILLE  Name of Employer GUARDIAN SERVICES  es ONo Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Date Received Aggregate Contributions  Name of Employer WATERTOWN    Name of Employer Westview   Aggregate Contributions   Aggregate Contributions	Putions from Individuals  First		

## Section B. ADDITIONAL PAGE 34 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE C	)F RJ	EPORT		
FRIENDS OF JOE POLLETTA				I	1	5AA	FP6	
B. Itemized Contrib	utions f	rom Individu	als					
Last Name	First				MI		Contribution I	D#
CAVALLO	VITO						0103	
Residential Street Address	City				ŀ	State	Zip Code	
94 OLD FARMS RD	WATERT					<b>с</b> т 	06795	
Principal Occupation Name of Employer								
BAKERY	GINA MARIE B	BAKERY			•			
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:  Executive OLegislative		Is contributor a lo or dependent chil	d of a lobbyist?		Yes No	Amour 10	nt of Contrib	bution
Is this contribution associated with a fundraising event listed in Section J1? No No Cash Personal Check Money Order Ocredit/Debit C	Date Real		Aggregate Contrib	outions				
Last Name	First				MI		Contribution I	D#
RUSS	JAMIE					1	0104	
Residential Street Address	City					State	Zip Code	
105 BEACH AVE	WATERT	OWN				СТ	06795	
Principal Occupation		Name of Employer						
UNEMPLOYED				<del></del>			<u></u>	
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contribution or dependent child of a lobbyist?							bution	
Is this contribution associated with a fundraising event listed in Section J1? O No OCash OPersonal Check Offyes, list Event #:  Method of Contribution:  OCash OPersonal Check OPersonal Check OPersonal Check OPERSONAL OPERSONAL CREATER OF THE PROPERTY OF		5, 2014	Aggregate Contrib	outions				
Last Name	First				ΜI		Carrellandan I	D#
Last rane	Fust			ľ	144		Contribution I	
LOMBARD	LISA				141		0105	
	l .					State		
LOMBARD	LISA	rown					0105	
LOMBARD Residential Street Address	LISA City	FOWN  Name of Employer				State	0105 Zip Code	
LOMBARD  Residential Street Address  97 BUCKWHEAT HILL RD  Principal Occupation  OFFICE	LISA City WATER		ROUP			State	0105 Zip Code	
LOMBARD  Residential Street Address  97 BUCKWHEAT HILL RD  Principal Occupation	LISA City WATER	Name of Employer	obbyist, spouse,	8	Yes	State CT	0105 Zip Code	bution
Residential Street Address  97 BUCKWHEAT HILL RD  Principal Occupation  OFFICE  Is contributor a principal of a state contractor or prospective state contractor? OY  If yes, indicate which branch or branches of government the contract is with:  State Contribution associated with a OYes Method of Contribution:	City WATER	Name of Employer LOMBARD GF Is contributor a lo	obbyist, spouse,		Yes	State CT	0105 Zip Code 06795	bution
Residential Street Address  97 BUCKWHEAT HILL RD  Principal Occupation  OFFICE  Is contributor a principal of a state contractor or prospective state contractor? OY  If yes, indicate which branch or branches of government the contract is with: OExecutive OLegislative	LISA  City  WATER  Date Re	Name of Employer LOMBARD GF Is contributor a lo	obbyist, spouse, d of a lobbyist?		Yes	State CT	0105 Zip Code 06795	bution
Residential Street Address  97 BUCKWHEAT HILL RD  Principal Occupation  OFFICE  Is contributor a principal of a state contractor or prospective state contractor? OY  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1? No  Method of Contribution:  OCash OPersonal Check Money Order Oredit/Debit C	City WATER  es ONo Date Re Kard May 5	Name of Employer LOMBARD GF Is contributor a lo or dependent chil	obbyist, spouse, d of a lobbyist? Aggregate Contrib	Outions	Yes	State CT	0105 Zip Code 06795	bution
Residential Street Address  97 BUCKWHEAT HILL RD  Principal Occupation  OFFICE  Is contributor a principal of a state contractor or prospective state contractor? OY  If yes, indicate which branch or branches of government the contract is with:  Is this contribution associated with a fundraising event listed in Section J1? No  Method of Contribution:  OCash OPersonal Check Money Order Orderit/Debit C	City WATER  es ONo Date Re Kard May 5	Name of Employer LOMBARD GF Is contributor a lo or dependent chil ceived	obbyist, spouse, d of a lobbyist? Aggregate Contrib	Outions	Yes	State CT	0105 Zip Code 06795	bution

#### Section B. ADDITIONAL PAGE 35 of 65

NAME OF COMMITTEE (Provide Complete No	ame as Registered with Commission)				TYPE OF	REPOR	Γ
FRIENDS OF JOE POLLETTA					II	SA	AFP6
	B. Itemized Contrib	utions f	rom Individu	ıals			
Last Name		First			N	AI.	Contribution ID#
SARANDREA		SABRA					0106
Residential Street Address		City		•		State	Zip Code
21 EMILE AVE		OAKVIL	LĒ			СТ	06779
Principal Occupation			Name of Employer				
4 RETIRED							
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	es <b>O</b> No	Is contributor a l or dependent chi		8 N	CO	nount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Yes		Date Re		Aggregate Contril	outions	İ	
If yes, list Event #:	Money Order OCredit/Debit Ca		, 2014	50			
Last Name	<u>,                                    </u>	First			N	11	Contribution ID#
SARANDREA		ENRICO					0107
Residential Street Address		City				State	Zip Code
21 EMILE AVENUE		OAKVILI	LE			СТ	06779
Principal Occupation			Name of Employer			-	
REAL ESTATE INVESTOR			SELF				
Is contributor a principal of a state contractor or prospective state contractor? Yes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative					8 <sup>y</sup>	C3	ount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		; 2014	Aggregate Contrib	outions		
Last Name	<u> </u>	First	<del></del>	<del></del>	N	11	Contribution ID#
LOMBARD		JOHN					0108
Residential Street Address		City			t_	State	Zip Code
97 BUCKWHEAT HILL RD		WATER1	OWN			СТ	06795
Principal Occupation			Name of Employer				
REAL ESTATE INVESTOR			LOMBARD GF	ROUP			
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chi	obbyist, spouse, ld of a lobbyist?	8 N	CO L	ount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		, 2014	Aggregate Contrib	outions		
	SUBTOT	TAL Sec	tion B — Thi	is Page 200	)		

### Section B. ADDITIONAL PAGE 36 of 65

RE  RE  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Eived  Aggregate Contributor a lobbyist?	8 Yes	O109 Zip Code CT O6779  Amount of Contribution			
RE  Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived Aggregate Contrib	8 Ye No	State Zip Code CT 06779  Amount of Contribution			
E  Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived  Aggregate Contrib	8 Ye No	State Zip Code CT 06779  Amount of Contribution			
E  Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived  Aggregate Contrib	O No	State Zip Code CT 06779  Amount of Contribution			
Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived Aggregate Contrib	O No	CT 06779  Amount of Contribution			
Name of Employer  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived Aggregate Contrib	O No	Amount of Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O No				
or dependent child of a lobbyist?  eived Aggregate Contril	O No				
	ntions	5			
2014 5	Jutions				
	MI	I Contribution ID#			
		0110			
		State Zip Code			
.E		CT 06779			
Name of Employer					
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributor a lobbyist?  Yes No Secutive OLegislative					
55 %	outions				
	M	I Contribution ID#			
Н		0111			
		State Zip Code			
OWN		CT 06795			
• •					
C.H.N.C.T.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Ye	Amount of Contribution			
55 5	outions				
tion B This Page 110	)				
	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived Aggregate Contrit  , 2014 5  AH  TOWN  Name of Employer  C.H.N.C.T.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  eived Aggregate Contrit  , 2014 100	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  Aggregate Contributions  5  AH  COWN  Name of Employer  C.H.N.C.T.  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Evived  Aggregate Contributions  Aggregate Contributions  100			

#### Section B. ADDITIONAL PAGE 37 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered w	vith Commission)				TYPE C	OF R	EPORT		
FRIENDS OF JOE POLLETTA					t	I	SAA	FP6	
B. Ite	mized Contribu	tions fr	om Individua	als					
Last Name	F	irst				MI		Contribution II	)#
FRAGEAU		IOANN						0112	
Residential Street Address	C	City					State	Zip Code	
31 SLADE AVENUE	.E			]		06779			
Principal Occupation		Name of Employer							
ACCOUNTANT		ACME AUTO LEASING LLC							
	<b>O</b> Legislative	<b>⊙</b> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  10				nt of Contrib	ution	
Is this contribution associated with a fundraising event listed in Section J1? No Cash	Personal Check	Date Red May 6,	55 5						
If yes, list Event #: OMoney Orde	er OCredit/Debit Card	1 '	20				<u> </u>		
Last Name	i	irst				MI		Contribution II	)#
FRAGEAU	(	GEORGE					i	0113	
Residential Street Address	1	ity	_				State	Zip Code	
31 SLADE AVENUE		DAKVILL					CT	06779	
Principal Occupation			Name of Employer						
TECHNICIAN			AT@T						
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  ONO  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  10						at of Contrib	ution		
Is this contribution associated with a Yes Method of Contri		Date Rec	Received Aggregate Contributions						
fundraising event listed in Section J1? O No Gash  If yes, list Event #:	Personal Check er Credit/Debit Card	May 6	ay 6, 2014 10						
Last Name	F	rirst .	MI Contribution ID				)#		
POPE		DAVID						0114	
Residential Street Address	C	City					State	Zip Code	
85 NORTHWEST DR	\	WATERT	OWN				СТ	06795	
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer						i
ESTIMATOR			COCCHIOLA P	PAVING					
Is contributor a principal of a state contractor or prospective state  If yes, indicate which branch or branches of government the contract is with:  OExecutive		<b>⊙</b> No	Is contributor a lo or dependent child	bbyist, spoud of a lobby	ise, 8	Yes No	Amou	nt of Contrib	ution
Is this contribution associated with a Yes Method of Contri	_	Date Rec	eived	Aggregate C	Contributions				
fundraising event listed in Section J1?  No Cash Money Order	Personal Check er Credit/Debit Card	May 6	, 2014	100					
	SUBTOTA	AL Sect	tion B — This	s Page	120				

## Section B. ADDITIONAL PAGE 38 of 65

NAME OF COMMITTEE (Provide Complete Na	AME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					エエ	5A	AFP6		
	B. Itemized Contrib	utions fi	rom Individu	als					
Last Name		First			MI		Contribution ID #		
ROSA		GIUSEPI	PE				0115		
Residential Street Address		City				State	Zip Code		
7 SPRUCEWOOD RD		WATERT	OWN			CT	06795		
Principal Occupation			Name of Employer						
RETIRED		s <b>O</b> No							
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				ount of Contribution				
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  OCash OPersonal Check Money Order OCredit/Debit Ca			Aggregate Control	ributions				
Last Name		First			MI		Contribution ID #		
ROSA		ENZA					0116		
Residential Street Address		City				State	Zip Code		
7 SPRUCEWOOD RD		WATERT	OWN			СТ	06795		
Principal Occupation			Name of Employer			<u></u>			
RETIRED									
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative					8 Yes No	Amo	unt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		5, 2014	Aggregate Control	ributions				
Last Name		First			MI		Contribution ID#		
DIBONE		LUCIO					0117		
Residential Street Address		City				State	Zip Code		
46 SOUTHVIEW DR		WATERT	RTOWN			ст	06795		
Principal Occupation		Name of Employer							
PLUMBER			SELF / In	14 stat	e Meci	han	ical		
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 Yes No	<b>Am</b> o	ount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		, 2014	Aggregate Control	ributions				
	SUBTOT	'AL Sec	tion B — Thi	s Page 70	)				

## Section B. ADDITIONAL PAGE 39 of 65

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					す	1 <	5AA	FP6
	B. Itemized Contrib	utions f	rom Individu	ıals				
Last Name		First				MI		Contribution ID#
WALTON		JACK						0118
Residential Street Address		City					State	Zip Code
39 PHILLIPS DR		OAKVIL	LE			ľ	СТ	06779
Principal Occupation			Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or prospective state contractor? OYes of No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Is contributor a principal of a state contractor or prospective state contractor? OYes over the No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						Yes No	Amoui	nt of Contribution
	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca			Aggregate (	Contributions			
Last Name		First				ΜI	<del>- </del>	Contribution ID#
WALTON		IRENE						0119
Residential Street Address		City			· · · · · · · · · · · · · · · · · · ·		State	Zip Code
30 PHILLIPS DR		OAKVILI	LE				CT	06779
Principal Occupation			Name of Employer		•			
RETIRED								
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	es <b>O</b> No	Is contributor a l or dependent chi			Yes No	Amour 5	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate (	Contributions			
Last Name		First				ΜI		Contribution ID #
GUERRERA		BIAGGI	NA					0120
Residential Street Address		City			- ····		State	Zip Code
329 MIDDLEBURY RD		WATER	ΓOWN			ŀ	СТ	06795
Principal Occupation		<del>1</del>	Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	es <b>O</b> No	Is contributor a l or dependent chi			Yes No	Amour	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate (	Contributions			
	SUBTOT	`AL Sec	tion B — Th	is Page	15			

#### Section B. ADDITIONAL PAGE 40 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				エニ	15	SAA	IFP6
B. Itemized Contri	butions f	rom Individu	als				
Last Name	First			***	MI		Contribution ID#
REESER	JAMES						0121
Residential Street Address	City				1	State	Zip Code
24 BEARDSLEY AVE	OAKVILI				(		06779
Principal Occupation METAL SALES		Name of Employer SELF	Meyer	· Enle	PI	715 <i>2</i> 5	LLC
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:  Executive OLegislative	Yes ONo	Is contributor a lo or dependent chil		8	Yes No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    Wethod of Contribution:  Cash Personal Che Money Order Credit/Debit			Aggregate Contr	ributions			
Last Name	First				MI		Contribution ID#
RIMICK	JUDITH						0122
Residential Street Address	City					State	Zip Code
256 OLD FARMS RD	WATERT	OWN			ľ	CT	06795
Principal Occupation		Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	Yes ONo	Is contributor a lo or dependent chil		8	Yes No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Wethod of Contribution:    Wethod of Contribution:   Personal Che		peived 5, 2014	Aggregate Contr	ributions			
Last Name	First	·			MI		Contribution ID#
PETTA	MICHAE	EL .					0123
Residential Street Address	City					State	Zip Code
38 FLINTLOCK RD	WATERT	TOWN				T.	06795
Principal Occupation		Name of Employer					
INVESTMENT ANALYST		HARTFORD IN	IVESTMENT	MANAG	EME	NT	
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:  DExecutive OLegislative	Yes <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spouse, d of a lobbyist?	8	No	Amou	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No No Method of Contribution:  Grash Personal Che Money Order Credit/Debit	Date Red Card May 6	ceived , 2014	Aggregate Contr	ributions			
SUBTO	TAL Sec	tion B — Thi	s Page 35	;			

### Section B. ADDITIONAL PAGE 41 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				エ	15	SAAT	P6
B. Itemized Contrib	utions f	rom Individu	ıals				
Last Name	First				MI	C	ontribution ID#
GUERRERA	ANTON	IO .				0	124
Residential Street Address	City					State	Zip Code
260 TUCKER AVENUE	OAKVIL	LE				СТ	06779
Principal Occupation		Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor? OYes No  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  OYes No  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					Yes No	Amount	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? ONO Cash OPersonal Check If yes, list Event #:  Method of Contribution:  OCash OPersonal Check OMoney Order Occedit/Debit Contribution:			Aggregate (	Contributions			
Last Name	First				MI	С	ontribution ID#
GUERRERA	PATRICI	A				0	125
Residential Street Address	City					State	Zip Code
260 TUCKER AVENUE	OAKVIL	LE				СТ	06779
Principal Occupation		Name of Employer					
RETIRED							
					Yes No	Amount	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Cash		ceived 5, 2014	Aggregate (	Contributions			
Last Name	First		<u>.                                    </u>		MI	C	ontribution ID#
MANCINI	DONAT	0				o	126
Residential Street Address	City					State	Zip Code
88 FIUME ST	OAKVIL					СТ	06779
Principal Occupation		Name of Employer					
LABORER		DI MECO					
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amount 5	of Contribution
Is this contribution associated with a fundraising event listed in Section J1?   No  Method of Contribution:  Ocash Ocash Omoney Order  Oredit/Debit Ca		ceived 5, 2014	Aggregate (	Contributions			
SUBTO	TAL Sec	tion B — Thi	is Page	205		<u> </u>	

## Section B. ADDITIONAL PAGE 42 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					II	5 A4	4FP6		
	B. Itemized Contrib	utions f	rom Individu	als					
Last Name		First			МІ		Contribution ID #		
DISTASI		LISA					0127		
Residential Street Address		City		·		State	Zip Code		
70 LAKEVIEW DR		WATER	TOWN		= -	СТ	06795		
Principal Occupation			Name of Employer						
SECRETARY			SCOVILL MED	OICAL GROUP					
Is contributor a principal of a state contractor or <i>If yes</i> , indicate which branch or branches of government the contract is with:	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				unt of Contribution				
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca			Aggregate Contribu	utions				
Last Name		First			МІ		Contribution ID#		
FERRUCCI		ROSETT	4				0128		
Residential Street Address		Cíty				State	Zip Code		
30 SLADE AVENUE		OAKVILI	_E			СТ	06779		
Principal Occupation			Name of Employer	··		<u> </u>			
DEPARTMENT ASSISTANT			WATERBURY	HOSPITAL					
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						Amo	unt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		, 2014	Aggregate Contribu	itions				
Last Name		First			MI		Contribution ID #		
BARBAGALLO		CESAR	₹				0129		
Residential Street Address  ETEDESCO DRIVE		City WA	TERBUR	zy	•	State CT	Zip Code		
Principal Occupation  UNEMPLOYEDOM			Name of Employer			•			
Is contributor a principal of a state contractor or If yes, indicate which branch or branches	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 Yes No	Amo	unt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash  Money Order  Personal Check Credit/Debit Ca			Aggregate Contribu	ations				
	SUBTOT	'AL Sec	tion B — Thi	s Page 15					
							}		

## Section B. ADDITIONAL PAGE 43 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			Т	TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				JJ	SAAFP6		
B. Itemized Cont	ributions f	rom Individu	als				
Last Name	First			М	II Contribution ID#		
MANCINI	an Jos	•			0130		
Residential Street Address	City				State Zip Code		
183 PLAINFIELD DR	OAKVIL				CT 06779		
Principal Occupation STUDENT		Name of Employer					
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:  Executive OLegislative	If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLegislative						
	s this contribution associated with a Yes Method of Contribution: Undraising event listed in Section J1?  No OCash  Date Received  Aggregate Contribut  Aggregate Contribut						
Last Name	First			М	II Contribution ID#		
LOI	GIOVAN	INA			0131		
Residential Street Address	City				State Zip Code		
195 NEILL DR	WATER	TOWN			CT 06795		
Principal Occupation		Name of Employer					
ACCOUNTANT		DELOITTE TAX	K LLP				
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:  OExecutive  OLegislative	obbyist, spouse, d of a lobbyist?	8 Ye	Amount of Contribution 5				
Is this contribution associated with a fundraising event listed in Section J1? O No If yes, list Event #:  Method of Contribution:  OCash OPersonal Clash Money Order Ocredit/Debi		b, 2014	Aggregate Contribution	ons			
Last Name	First		<del> </del>	М	II Contribution ID #		
RIMICK	WILLIAM	И			0132		
Residential Street Address	City				State Zip Code		
256 OLD FARMS RD	WATER	TOWN			CT 06795		
Principal Occupation RETIRED		Name of Employer					
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:  OExecutive  OLegislative	Yes ONo	Is contributor a lo	d of a lobbyist?	8 Ye	Amount of Contribution  5		
Is this contribution associated with a fundraising event listed in Section J1? O No If yes, list Event #:  Method of Contribution:  OCash OMoney Order  Order  Order  Order  Order  Order		, 2014	Aggregate Contribution	ons			
SUBT	OTAL Sec	tion B — Thi	s Page   15				
			•				

5/12/14

## Section B. ADDITIONAL PAGE 44 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYP	E OF F	REPORT		
FRIENDS OF JOE POLLETTA				II.	SAAF	FP6	
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First			МІ	(	Contribution ID#	
BROWN	JESSICA				(	0133	
Residential Street Address	City				State	Zip Code	
348 LOVLEY DR	WATERT		······································		СТ	06795	
Principal Occupation		Name of Employer					
EXECUTIVE ASST TO CEO	es <b>O</b> No	WELLMORE IN	NC				
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:  Executive OLegislative		Yes No	•	t of Contribution			
Is this contribution associated with a Yes Method of Contribution:	Date Rec	ceived	Aggregate Contributions	5	7		
fundraising event listed in Section J1? O No Cash OPersonal Check of Money Order Occapit/Debit Cash		, 2014	5				
Last Name	First			MI	1	Contribution ID#	
DISTASI	DIANA				(	0134	
Residential Street Address	City				State	Zip Code	
70 LAKEVIEW DR	WATERT	OWN			СТ	06795	
Principal Occupation	<u> </u>	Name of Employer		٠	····		
ADMINISTRATIE ASSISTANT		ACME AUTO L	LEASING				
				8 Yes No			
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check If yes, list Event #:		5, 2014	Aggregate Contributions 5	i			
Last Name	First			MI		Contribution ID#	
TESTA-ZEZIMA	MARY J	<b>O</b>				0135	
Residential Street Address	City				State	Zip Code	
338 RIVERSIDE AVE	OAKVILI				СТ	06779	
Principal Occupation		Name of Employer					
LUNEMPLOYED							
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spouse, d of a lobbyist?	Yes No	' !	t of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check Money Order Credit/Debit Ca		, 2014	Aggregate Contributions 5	3			
SUBTOT	'AL Sec	tion B — Thi	s Page 15		<del></del>		

### Section B. ADDITIONAL PAGE 45 of 65

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Commission)				TYPE O				
FRIENDS OF JOE POLLETTA					<u> </u>	LS	5 A A	+FPG	>
	B. Itemized Contrib	utions f	rom Individu	ıals					
Last Name		First				MI		Contribution	ı ID#
MANCINI		JOSEPH	l					0136	
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City				1	State	Zip Code	
183 PLAINFIELD DR		OAKVIL					CT	06779	
Principal Occupation			Name of Employer	•					
PUBLIC WORKS WORKER			CITY OF WAT	ERBURY					
	OExecutive OLegislative	es <b>O</b> No	Is contributor a l or dependent chi		8	Yes No	Amou	nt of Contr	ribution
1 <b></b>	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Cash			Aggregate Contrib	outions				
Last Name	<u> </u>	First		<u> </u>	Ĭ	MI	ЪТ	Contribution	ı ID#
D'ABATE		PIETRO						0137	
Residential Street Address		City			· · · · · · · · · · · · · · · · · · ·	5	State	Zip Code	
404 NEILL DR		WATER	TOWN			9	СТ	06795	
Principal Occupation			Name of Employer						
RETIRED			SELF						
Is contributor a principal of a state contractor or prospective state contractor? OYes ONo  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative					8;	res No	Amou	nt of Contr	ibution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 5, 2014	Aggregate Contrib	utions				
Last Name	<u></u>	First		<u> </u>		ΜI		Contribution	1 ID #
SALVATORE		GIUSSEI	PINA					0138	
Residential Street Address		City				5	State	Zip Code	
1085 HAMILTON AVENUE		WATER	rown				.T 	06795	
Principal Occupation RETIRED			Name of Employer						
Is contributor a principal of a state contractor or	prospective state contractor? (Ye	es <b>O</b> No						-1 -8 C 1-	-114
If yes, indicate which branch or branches	OExecutive OLegislative	.5 (5)110	Is contributor a l or dependent chi		8,	Yes No	Amou 5	nt of Contr	TOULION
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 7, 2014	Aggregate Contrib	outions				
3,00,00	1			<u> </u>			<u> </u>		
	SUBTOT	「AL Sec	tion B — Th	is Page 15					

## Section B. ADDITIONAL PAGE 46 of 65

				TVDE	EDF	DOPT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
FRIENDS OF JOE POLLETTA		· · · · · · · · · · · · · · · · · · ·		17	-5	AAFPG	
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First				MI	Contribution ID #	
MANCINI	MARIO					0139	
Residential Street Address	City				- [:	State Zip Code	
338 WHISPERING HILL RD	WATER					CT 06795	
Principal Occupation		Name of Employer					
JANHOR		TOWN OF WA	TERTOWN				
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:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8	Yes No	Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1?  Method of Contribution:  Cash  Personal Check  Money Order  Credit/Debit C	Date Re k ard May 7		Aggregate Contril	butions			
Last Name	First				MI	Contribution ID#	
MANCINI	ALDA					0140	
Residential Street Address	City					State Zip Code	
338 WHISPERING HILL RD	WATER	OWN			- I	CT 06795	
Principal Occupation		Name of Employer					
СООК		CITY OF WATI	ERTBURY				
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spouse, d of a lobbyist?	8	Yes No	Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? O No Method of Contribution:  OCash OPersonal Check Of Money Order Orderit/Debit Cash		7, 2014	Aggregate Contril	outions			
Last Name	First		<del>'</del>		MI	Contribution ID #	
RINALDI	NICOLI	۱A				0141	
Residential Street Address	City					State Zip Code	
131 NEILL DR	WATER	TOWN	<u> </u>		(	CT 06795	
Principal Occupation		Name of Employer					
CNC MACHINE SET UP OPERATOR		UTC					
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8	Yes No	Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? Yes No Wethod of Contribution:  Ocash  Personal Check  Money Order  Credit/Debit Contribution:		, 2014	Aggregate Contril	butions			
SUBTO	ΓAL Sec	tion B — Thi	s Page 15			***************************************	

## Section B. ADDITIONAL PAGE 47 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT			
FRIENDS OF JOE POLLETTA				II	エ	SAA	rFPG	
B. Itemized Contri	ibutions f	rom Individu	ials					
Last Name	First				MI	[1	Contribution ID#	
ZEZIMA	MARIO					(	0142	
Residential Street Address	City					State	Zip Code	
338 RIVERSIDE ST	OAKVIL	LE				CT	06779	
Principal Occupation  LANDSCAPER		Name of Employer		LAN	202	SCAPI	'NG gm	
If yes, indicate which branch or branches of government the contract is with:  © Executive OLegislative	Yes <b>O</b> No	Is contributor a l or dependent chi		8	Yes No	Amoun	at of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? Wethod of Contribution:  One of the contribution of the contributio		, 2014	Aggregate Contr	ibutions				
Last Name	First				MI	]	Contribution ID #	
SALOMONE	NICOLA						0143	
Residential Street Address	City				- 1	State	Zip Code	
190 LEDGEWOOD RD	WATER	FOWN			1	СТ	06795	
Principal Occupation		Name of Employer						
RETIRED								
If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	Yes <b>O</b> No	Is contributor a lo or dependent chi		8	Yes No	Amoun	t of Contribution	
Is this contribution associated with a fundraising event listed in Section J1?    No    Wethod of Contribution:  Cash Personal Che Money Order Credit/Debit of Contribution:		ceived 7, 2014	Aggregate Contri	ibutions				
Last Name	First				MI		Contribution ID #	
DEANGELIS	KEVIN					[	0144	
Residential Street Address	City					State	Zip Code	
35 ZOAR AVE	OAKVIL	LE 		- <del></del>		<b>с</b> т	06779	
Principal Occupation		Name of Employer						
WELDER		EATON						
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:  OExecutive OLegislative	Yes <b>©</b> No	Is contributor a l or dependent chi		8	Yes No	Amoun	t of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No No Method of Contribution:    Wethod of Contribution:   Cash   Personal Che     Money Order   Credit/Debit	Date Re	ceived 7, 2014	Aggregate Contro	ibutions				
SUBTOTAL Section B — This Page 15								
		-						

## Section B. ADDITIONAL PAGE 48 of 45

NAME OF COMMITTEE (Provide Complete Na	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					F RI	EPORT	
FRIENDS OF JOE POLLETTA					I	<u></u>	SAA	FP6
	B. Itemized Contrib	utions f	rom Individu	als				
Last Name		First				MI		Contribution ID #
DUMAINE		CATHER	RINE	· · <del>- · · · · · · · · · · · · · · · · ·</del>				0145
Residential Street Address		City					State	Zip Code
338 RIVERSIDE ST		OAKVIL					<u>ст</u>	06779
Principal Occupation PRE K TEACHER			Name of Employer	G CENTER	AND DAY	CAR	E	
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chi			Yes No	Amoun 5	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  OCash OPersonal Check OMoney Order OCredit/Debit Ca			Aggregate Co	ontributions			
Last Name		First				MI		Contribution ID #
GUERRERA		JOHN					C	0146
Residential Street Address		City				ĺ	State	Zip Code
79 NORTHWEST DR		WATERT					СТ	06795
Principal Occupation			Name of Employer					
MANAGER			TOWN OF FO	RESTVILLE				
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amount	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	tion associated with a Yes Method of Contribution:  Date Received Aggregate Contribution:  Date Received Aggregate Contribution:  No Ocash Opersonal Check May 7 2014				ontributions	-		
Last Name		First				MI	7	Contribution ID#
GUERRERA		MARIA					C	0147
Residential Street Address		City			······································		State	Zip Code
22 EASTWOOD HALL RD		WATER	rown				СТ	06795
Principal Occupation			Name of Employer					
COSTCO			SALES					
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chi			Yes No	Amoun	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Money Order  Personal Check Credit/Debit Ca		ceived 7, 2014	Aggregate Co	ontributions			
	SUBTOT	'AL Sec	tion B — Thi	s Page	15			
			•					

## Section B. ADDITIONAL PAGE 49 of 65

NAME OF COMMITTEE (Provide Complete Na	nme as Registered with Commission)			T	YPE OF	REPORT
FRIENDS OF JOE POLLETTA					LL	SAAFPG
	B. Itemized Contrib	utions fi	rom Individu	als		
Last Name		First			N	/II Contribution ID #
GUERRERA		NATALII	NA	··		0148
Residential Street Address		City				State Zip Code
112 NORTHFIELD RD		WATERT	OWN			CT 06795
Principal Occupation			Name of Employer			
UHEMPLOYED						
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  Executive OLegislative	S O No	Is contributor a lo or dependent chil		8 N	
	Method of Contribution:	Date Re	ceived	Aggregate Contribut	ions	
fundraising event listed in Section J1? • No If yes, list Event #:	Cash Personal Check Money Order Credit/Debit Ca	May 7	, 2014	5		
Last Name	<u> </u>	First			N	/II Contribution ID #
GUERRERA		JOHN				0149
Residential Street Address		City				State Zip Code
371 NEILL DRIVE		WATERT	OWN			CT 06795
Principal Occupation			Name of Employer			
RETIRED						
Is contributor a principal of a state contractor or  If yes, indicate which branch or branches  of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 N	lo
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		zeived 7, 2014	Aggregate Contribut	ions	10
Last Name	· · · · · · · · · · · · · · · · · · ·	First	·		N	MI Contribution ID #
GUERRERA		DONAT	0			0150
Residential Street Address	<del>.</del>	City				State Zip Code
22 EASTWOOD HALL RD		WATER				CT 06795
Principal Occupation			Name of Employer	ī		
CUSTODIAN			TAFT SCHOO	<u> </u>		
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	Prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8 <sup>N</sup>	Amount of Contribution  So  5
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca	Date Real	ceived , 2014	Aggregate Contribut	ions	
	I.—		tion B — Thi	s Page 30	<b>&gt;</b>	<u></u>
			<u> </u>			

### Section B. ADDITIONAL PAGE 50 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE C	)F RE	EPORT	
FRIENDS OF JOE POLLETTA				エ	TS	SAAFP6	
B. Itemized Contrib	outions f	rom Individu	als				
Last Name	First				MI	Contribution	ID#
GUERRERA	ESTERN	Α				0151	
Residential Street Address	City				- 1	State Zip Code	
371 NEILL DR	WATER		<del></del>			CT 06795	
Principal Occupation		Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil	d of a lobbyist?	0	Yes No	Amount of Contri	bution
Is this contribution associated with a fundraising event listed in Section J1? No No OCash OPersonal Chec If yes, list Event #:		ceived , 2014	Aggregate Contril	butions			
Last Name	First		·		MI	Contribution	ID#
GUERRERA	SHELLE	Y				0152	
Residential Street Address	City					State Zip Code	
79 NORTHWEST DR	WATER*	TOWN			1	CT 06795	
Principal Occupation		Name of Employer					
RN		VNA WATERT	OWN				
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:  OExecutive OLegislative		Is contributor a lo or dependent chil	d of a lobbyist?		Yes No	Amount of Contri	ibution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Chec Money Order Credit/Debit C		ceived 7, 2014	Aggregate Contril	butions			
Last Name	First				MI	Contribution	ID#
ADDONA	DELIA					0153	
Residential Street Address	City					State Zip Code	
429 CONCORD DR	WATER	TOWN			, i	CT 06795	
Principal Occupation		Name of Employer					
NURSE		WATERBURY	HOSPITAL				
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:  OExecutive OLegislative	es <b>O</b> No	Is contributor a le or dependent chi		8	Yes No	Amount of Contri	ibution
Is this contribution associated with a Yes Method of Contribution:	Date Re	ceived	Aggregate Contri	butions			
fundraising event listed in Section J1? O No Cash Personal Chec Money Order Credit/Debit C	ard May	7, 2014	50				
SUBTO	TAL Sec	etion B — Thi	is Page 65				

## Section B. ADDITIONAL PAGE 51 of 65

NAME OF COMMITTEE (Provide Complete Name	me as Registered with Commission)			<del></del>	ТҮРЕ	TYPE OF REPORT			
FRIENDS OF JOE POLLETTA					I	IISAAFP6			
	B. Itemized Contrib	utions f	rom Individu	als					
Last Name	2	First				MI		Contribution ID#	
RAZZ		ANDREV	V					0154	
Residential Street Address		City				Ь	State	Zip Code	
17 PARTRIDGE CT		WATERT	TOWN				СТ	06795	
Principal Occupation			Name of Employer						
BANQUET MANAGER			LA BELLA VIST	ΓΑ					
, 5	OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	<b>Amo</b> 50	unt of Contribution	
TO disp contained that the contained the con	Method of Contribution:  Ocash OPersonal Check Money Order Ocredit/Debit Ca	Date Red		Aggregate C	Contributions				
Last Name		First				МІ		Contribution ID #	
GUERRERA		ANTONI	0					01\$5	
Residential Street Address		City			·		State	Zip Code	
73 KIMBERLY DR		WATER1	OWN				כד	06795	
Principal Occupation			Name of Employer	-					
DIRECTOR OF ENGINEERING			STEWART EFI						
Is contributor a principal of a state contractor or if yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  DExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amo	unt of Contribution	
	Method of Contribution:  OCash OMoney Order  OCRETICATION  Personal Check Credit/Debit Ca								
Last Name		First				MI		Contribution ID #	
ADDONA		TONY						0156	
Residential Street Address		City					State	Zip Code	
429 CONCORD DR		WATER1	TOWN				CT_	06795	
Principal Occupation			Name of Employer						
FOREMAN			DRS						
s contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	es <b>O</b> No	Is contributor a le or dependent chil		use, vist?	Yes No	'	ount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived 7, 2014	Aggregate (	Contributions				
	SUBTOT	AL Sec	tion B — Thi	s Page	125				
		·	<del></del>						

## Section B. ADDITIONAL PAGE 52 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE (	OF RI	EPORT	
FRIENDS OF JOE POLLETTA				エ	19	5A1	FP6
B. Itemized Contrib	utions f	rom Individu	als				
Last Name	First				MI		Contribution ID#
DIPRIMIO	MARYA	NNE 			Ĺ.,		0157
Residential Street Address	City					State	Zip Code
202 LEDGEWOOD RD	WATER		· ···			СТ	06795
Principal Occupation		Name of Employer					
R.N.		WATERBURY	HOSPITAL				
Is contributor a principal of a state contractor or prospective state contractor? OY  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		e, t? 8	Yes No	Amoun	t of Contribution
Is this contribution associated with a Yes Method of Contribution:	Date Re	ceived	Aggregate Cor	ntributions			
fundraising event listed in Section J1? O No Cash OPersonal Chec Myes, list Event #: Credit/Debit C		, 2014	5				
Last Name	First				MI	·	Contribution ID#
GUERRERA	LOUISE					(	0158
Residential Street Address	City					State	Zip Code
73 KIMBERLY DR	WATER	FOWN				СТ	06795
Principal Occupation	=	Name of Employer					
NUTRITIONIST		APPLE REHAB					
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:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8	Yes No	Amoun	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No Money Order Credit/Debit Card May 7, 2014  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Aggregate Contributions  Cash Personal Check Credit/Debit Card  May 7, 2014							
Last Name	First				MI		Contribution ID #
DIPRIMIO	JOHN					ľ	0159
Residential Street Address	City					State	Zip Code
202 LEDGEWOOD RD	WATER	TOWN				CT	06795
Principal Occupation	<del></del>	Name of Employer					
RETIRED							
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		e, 8 t? 8	Yes No	Amour	at of Contribution
Is this contribution associated with a fundraising event listed in Section J1? O No GC (Section J1) Wesh, list Event #:  Method of Contribution:  OCash OMOney Order  OCT (Section J1) O No OCT (Secti		ceived 7, 2014	Aggregate Co	ntributions			
SUBTO	ΓAL Sec	tion B — Thi	s Page	35			

## Section B. ADDITIONAL PAGE 53 of 65

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Commission)				TYPE O	F RE	PORT	
FRIENDS OF JOE POLLETTA						_5	AA?	PPG
	B. Itemized Contrib	utions fi	om Individu	als				
Last Name		First				MI	1	Contribution ID#
CIPRIANO		MARIO						0160
Residential Street Address		City	-0.44.4				tate	Zip Code
19 CAROLA DR		WATER					T	06795
Principal Occupation			Name of Employer					
AUTO TECH			MEZZIO AUTO	) 				<u> </u>
	OExecutive OLegislative		Is contributor a lo or dependent chil	d of a lobbyist	? 0	No	Amour 5	t of Contribution
	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca	Date Reard May 7		Aggregate Con			· · · · · · · · · · · · · · · · · · ·	
Last Name		First				MI		Contribution ID#
GUERRERA		MENNA	ro					0161
Residential Street Address		City				- 1	tate	Zip Code
156 OLD COLONY DR		WATERT					.T 	06795
Principal Occupation			Name of Employer					
RETIRED			APPLE REHAB					
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative		Is contributor a lo or dependent chil	d of a lobbyist	? <b>O</b>	Yes No	Amour 5	t of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca	May 7	ceived 7, 2014	Aggregate Con	tributions			
Last Name		First				MI	ľ	Contribution ID #
GREGORY		JAMES						0162
Residential Street Address		City	<u></u> .			S	tate	Zip Code
145 BUCKINGHAM ST		OAKVIL	LE			c	T	06779
Principal Occupation		1	Name of Employer					
RETIRED								
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative	es <b>©</b> No	Is contributor a lo or dependent chi			Yes No	Amoui 5	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution:  Cash  Money Order  Personal Check Credit/Debit Ca		ceived 7, 2014	Aggregate Con	tributions			
	SUBTO	ΓAL Sec	tion B — Thi	is Page 1	5			
						-		

### Section B. ADDITIONAL PAGE 54 of 65

NAME OF COMMITTEE (Provide Complete Name as Regis.	tered with Commission)				ТҮРЕ	OF R	EPORT		
FRIENDS OF JOE POLLETTA	<u> </u>				士		5A4	AFP6	,
R	Itemized Contribu	tions fr	om Individus	als				· · · · ·	
Last Name		irst	<u> </u>			MI		Contribution I	D#
BORDIER	!	SALVAT	ORE					0163	
Residential Street Address	t t	City					State	Zip Code	
15 SPRUCEWOOD RD		WATERT	OWN				СТ	06795	
Principal Occupation			Name of Employer						
BARBER			SELF / SALV	ATORE S	5 BARE	EL	SHOP		5
1	tive OLegislative	<b>⊙</b> No	Is contributor a lo or dependent chile	bbyist, spou d of a lobby	se, ist?	Yes No	Amou	int of Contril	bution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash If yes, list Event #:	Contribution:  Personal Check y Order Ocredit/Debit Care	Date Red May 7,		Aggregate C	ontributions				
Last Name	F	rirst				MI		Contribution I	D#
SALOMONE	,	ANGELA						0164	
Residential Street Address	C	City					State	Zip Code	
190 LEDGEWOOD RD		WATERT	OWN				СТ	06795	
Principal Occupation			Name of Employer						
PSYCHIATRIC TECHNICIAN			WATERBURY H	HOSPITAL					
Is contributor a principal of a state contractor or prospectiv  If yes, indicate which branch or branches of government the contract is with:  Execut	e state contractor? OYes	<b>⊙</b> No	Is contributor a lo or dependent child		se, 8	Yes No	Amou	int of Contri	bution
Is this contribution associated with a fundraising event listed in Section J1? Yes No GCash If yes, list Event #:	Contribution: Personal Check y Order Credit/Debit Card								
Last Name	1	First				MI		Contribution 1	ID#
SALOMONE	,	VITTORI	Α					0165	
Residential Street Address		City					State	Zip Code	
190 LEDGEWODD RD		WATERT	OWN				СТ	06795	
Principal Occupation			Name of Employer						
PATIENT CARE ASSOCIATE			WATERBURY I	HOSPITAL	-		_		
Is contributor a principal of a state contractor or prospective of government the contract is with:    If yes, indicate which branch or branches of government the contract is with:    Execute the contract is with:	ve state contractor? OYes tive OLegislative	<b>⊙</b> No	Is contributor a lo or dependent child		ise, ist?	Yes No	Amou 5	ant of Contri	bution
fundraising event listed in Section J1? No Ocash	Contribution: Personal Check y Order Credit/Debit Care	Date Rec		Aggregate C	ontributions				
	SUBTOTA	AL Sec	tion B — Thi	s Page	<b>3</b> 0	•			

### Section B. ADDITIONAL PAGE 55 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE C	OF RE	EPORT			
FRIENDS OF JOE POLLETTA				ゴ	T	SAAFP6			
B. Itemized Contri	butions f	rom Individu	als						
Last Name	First				MI	Contribution ID #			
LOI	SALVAT	ORE	· · · · · · · · · · · · · · · ·			0166			
Residential Street Address	City				1	State Zip Code			
205 NEILL DR	WATER					CT 06795			
Principal Occupation RETIRED		Name of Employer							
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:  Executive OLegislative	Yes <b>O</b> No	Is contributor a lo or dependent chil		se, st? 8	Yes No	Amount of Contribution 5			
Is this contribution associated with a fundraising event listed in Section J1?    Yes Method of Contribution:  Personal Che Money Order Credit/Debit	Date Re		Aggregate Co	ontributions					
Last Name	First				MI	Contribution ID#			
LOI	PASQUA	LINA				0167			
Residential Street Address	City					State Zip Code			
205 NEILL DR	WATER	OWN				CT 06795			
Principal Occupation		Name of Employer							
RETIRED									
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  DExecutive OLegislative		Is contributor a lo or dependent chil	d of a lobbyi	st? O	Yes No	Amount of Contribution			
fundraising event listed in Section J1? O No Ocash OPersonal Che	Iraising event listed in Section J1? O No Ocash OPersonal Check May 7 2014								
Last Name	First				MI	Contribution ID #			
ORSINI	DONAT	ATO				0168			
Residential Street Address	City					State Zip Code			
938 ECHO LAKE RD	WATER	TOWN				CT 06795			
Principal Occupation		Name of Employer							
RETIRED									
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	Yes <b>O</b> No	Is contributor a lo or dependent chil		se, st?	Yes No	Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? No No Method of Contribution:    Wethod of Contribution:   Ocash   Personal Chemical C	Date Re	ceived 7, 2014	Aggregate Co	ontributions					
SUBTOTAL Section B — This Page 15									

## Section B. ADDITIONAL PAGE 56 of 65

DWN  Individuals  MI  Contribution O169  State CT  O6795  Name of Employer DISTASI CATERING  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions O170  State Contribution  MI  Contribution O170  State CT  O6762  Name of Employer YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions O6762  Amount of Contribution O170  O6762  Amount of Contribution O6762  Amount of Contribution O6762  Amount of Contribution O6762  O6762	ribution
State Zip Code CT 06795  Name of Employer  DISTASI CATERING  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  5  MI Contribution  170  State Zip Code CT 06795  Amount of Contribution  170  State Zip Code CT 06762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No ived Aggregate Contributions  100  Aggregate Contributions  100	ribution
State Zip Code CT 06795  Name of Employer  DISTASI CATERING  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  5  MI Contribution 0170  State Zip Code CT 070  Contribution 0170  State Zip Code CT 06762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No ived Aggregate Contributions 100  Aggregate Contributions 100	ribution
State Zip Code CT 06795  Name of Employer  DISTASI CATERING  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  5  MI Contribution 0170  State Zip Code CT 06762  No or dependent child of a lobbyist?  No or dependent child of a lobbyist?  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No or dependent child of a lobbyist?  Amount of Contributions 1000  Aggregate Contributions 1000	ribution n ID#
Name of Employer  DISTASI CATERING  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  State  Very CT  O6795  Amount of Contribution  O170  State  CT  O6762  State  Zip Code  CT  O6762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Aggregate Contributions  100  Aggregate Contributions  100	ribution n ID#
Name of Employer  DISTASI CATERING  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  State  Zip Code  CT  O6762  No  No  State  Amount of Contribution  O170  State  CT  O6762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	n ID#
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  State  Contribution  O170  State  CT  O6762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  No  ived  Aggregate Contributions  100  Amount of Contributions  100	n ID#
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions  State CT  O6762  No  State CT  O6762  Amount of Contribution  State CT  O6762  Amount of Contribution  Aggregate Contributions  100  Amount of Contribution  100	n ID#
or dependent child of a lobbyist?  Aggregate Contributions  5  MI Contribution  0170  State Zip Code  CT 06762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No ived Aggregate Contributions  100  Aggregate Contributions  100	n ID#
2014 5  MI Contribution 0170 170 170 170 170 170 170 170 170 17	,
State Zip Code CT 06762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Aggregate Contributions 100  Aggregate Contributions 100	,
State Zip Code CT 06762  Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributor alobbyist?  Aggregate Contributions 100	
Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributions  100  Aggregate Contributions  100	
Name of Employer  YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributions  Aggregate Contributions  100	ribution
YAMIN & GRANT LLC  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Contributions  100  Aggregate Contributions  100	ribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No ived Aggregate Contributions 100	ribution
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	ribution
2014 100	
M Contribution	
	n ID#
DRE 0171	
State Zip Code	ļ.
SURY CT 06762	
Name of Employer	
PESCE CONSTRUCTION	ຣ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No 100	ribution
Aggregate Contributions 2014 100	
ion B — This Page 205	
Is or	me of Employer  PESCE Construction  contributor a lobbyist, spouse, dependent child of a lobbyist?  Amount of Contributions  Aggregate Contributions  100

## Section B. ADDITIONAL PAGE 57 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE C	OF REP	ORT
FRIENDS OF JOE POLLETTA					1.5	AAFPG
B. Itemized Contrib	utions f	rom Individu	als			
Last Name	First				MI	Contribution ID#
PERUGINI	LISA					0172
Residential Street Address	City					zate Zip Code
22 KENT TERRACE	WATER				C	Т 06795
Principal Occupation		Name of Employer				
REALTOR		WESTVIEW PROPERTIES				
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:  Executive OLegislative		Is contributor a lo or dependent chil	d of a lobbyist?	0	Yes No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No	Date Re May 7		Aggregate Contrib	outions		
Last Name	First				MI	Contribution ID#
LAROSA	DELORE	S				0173
Residential Street Address	City		:		St	ate Zip Code
69 VAN ORMAN ST	OAKVIL	LE			C	T 06779
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil		8		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No Cash Opersonal Check If yes, list Event #:  Method of Contribution:  Date Received May 7, 2014  May 7, 2014						
Last Name	First				MI	Contribution ID#
SACCHI	LOIS					0174
Residential Street Address	City				St	ate Zip Code
320 GEORGETOWN DR	WATER	TOWN			C	T 06795
Principal Occupation		Name of Employer				
RETIRED					_	
Is contributor a principal of a state contractor or prospective state contractor? OYou If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil	obbyist, spouse, d of a lobbyist?	8	Yes No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    No Cash Personal Check		ceived 7, 2014	Aggregate Contrib	outions		
If yes, list Event #:	ard	·				
SUBTO	FAL Sec	tion B — Thi	s Page 35			

### Section B. ADDITIONAL PAGE 58 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE O	F REP	ORT
FRIENDS OF JOE POLLETTA					IS	SAAFP6
B. Itemized Contrib	utions f	rom Individu	als			
Last Name	First				MI	Contribution ID #
ALBINO	CHERYL	, 				0175
Residential Street Address	City				St	zip Code
346 GEORGETOWN DR	WATER	TOWN		_	C	T 06795
Principal Occupation		Name of Employer		·		
REALTOR		SHOWCASE R	EALTY			
Is contributor a principal of a state contractor or prospective state contractor? OYe If yes, indicate which branch or branches of government the contract is with: Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Vo	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1?    Yes Method of Contribution:  Cash Personal Check			Aggregate C	Contributions		
If yes, list Event #: OMoney Order OCredit/Debit Ca	ard		<u> </u>	<del></del>		Contribution ID #
Last Name	First LUIGI			ľ	MI	0176
MANCINI					Ta.	
Residential Street Address	City WATER	-OWN			C	Zip Code T 06795
57 CAROLA DR			1 00793			
Principal Occupation		Name of Employer				
INFRASTRUCTURE ARCHITECT		WELLPOINT				
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:  Executive OLegislative	es <b>©</b> No	Is contributor a lo or dependent chil			Vo	Amount of Contribution 20
Is this contribution associated with a fundraising event listed in Section J1? O No If yes, list Event #:  Method of Contribution:  OCash OPersonal Check OMoney Order Credit/Debit Cash		, 2014	Aggregate C	Contributions		
Last Name	First		•	Ī	MI	Contribution ID #
SACCHI	GEORGI					0177
Residential Street Address	City			<u>-</u>	St	zate Zip Code
320 GEORGETOWN DR	WATER	OWN			c	T 06795
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state contractor?   If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			No l	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No Money Order Credit/Debit Cash Money Order Credit/Debit Cash		, 2014	Aggregate C	Contributions		
SUBTOT	TAL Sec	tion B — Thi	s Page	50		

## Section B. ADDITIONAL PAGE 59 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
FRIENDS OF JOE POLLETTA				I.	IS	AAFP6		
B. Itemized Contr	ributions	from Individu	ıals					
Last Name	First				MI	Contribution ID #		
PAWLAK	JOSEPI	Ⅎ 				0178		
Residential Street Address	City				Sta			
173 MIDDLEBURY RD	WATER	TOWN			СТ	06795		
Principal Occupation RETIRED		Name of Employer						
If yes, indicate which branch or branches of government the contract is with:  OExecutive  OLegislative	Yes ON	Is contributor a l or dependent chi			No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Cl fyes, list Event #:  Method of Contribution:  Cash Personal Cl Money Order Credit/Debi	heck Man	eceived 7, 2014	Aggregate Co	ontributions				
Last Name	First				MI	Contribution ID #		
PERUGINI	NICK					0179		
Residential Street Address	City				Sta	te Zip Code		
903 BUCKINGHAM ST	3 BUCKINGHAM ST WATERTOWN							
Principal Occupation		Name of Employer	·					
CARPENTER		HARD ROCK I	DEVELOPM	ENT				
If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative	Yes ON	Is contributor a lor dependent chi			No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? Yes No   Method of Contribution:    Method of Contribution:   Ocash   Opersonal Chapter   Operation   Opera	neck May	eceived 7, 2014	Aggregate Co	ntributions				
Last Name	First				MI	Contribution ID #		
RUSSOLILLO	ININAL	-				0180		
Residential Street Address	City	City				ite Zip Code		
112 RIVERSIDE ST	OAKVI	KVILLE				06779		
Principal Occupation		Name of Employer						
SECRETARY AND REALTOR		SHOWCASE F	REALTY					
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:  OExecutive OLegislative	Yes ON	Is contributor a l or dependent chi	obbyist, spous ld of a lobbyis	se, st?	No	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No No If yes, list Event #:  Method of Contribution:  Cash  Money Order  Credit/Debi	heck Man	eceived 7, 2014	Aggregate Co	ontributions				
SUBT	OTAL Se	ction B — Th	is Page	310				

## Section B. ADDITIONAL PAGE 60 of 65

PG oution ID#
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ontribution
oution ID#
Code
'95 ————
Contribution
bution ID #
Code
779 
Contribution
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### Section B. ADDITIONAL PAGE 65 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	ME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT				
FRIENDS OF JOE POLLETTA					II SAAFPG						
B. Itemized Contrib	utions fr	om Individu	als			77					
Last Name	First			ŀ	MI	- 1	Contribution ID #				
GUERRERA	GIUSEPF	PE 					0184				
Residential Street Address	City					tate 	Zip Code				
61 DEERFIELD LANE	WATERT				C	.T 	06795				
Principal Occupation		Name of Employer  CARVEL/G'S B	LIDGERS N	AUGATUC	.K						
OWNER		CANVEDGOD	ONGENS IV								
Is contributor a principal of a state contractor or prospective state contractor? OYou If yes, indicate which branch or branches of government the contract is with: Executive OLegislative		Is contributor a lo or dependent chil	d of a lobbyi	st?	No	Amour 50	nt of Contribution				
Is this contribution associated with a fundraising event listed in Section J1? Yes No   Method of Contribution:    Wethod of Contribution:   Cash   Personal Check	Date Red May 7		Aggregate Co	entributions							
Last Name	First				ΜI	i i	Contribution ID #				
BORRELLI	DENISE						0185				
Residential Street Address	City				- 1	tate	Zip Code				
50 WEST MEADOWS RD	WATERT	OWN			c	T	06795				
Principal Occupation		Name of Employer									
PRESIDENT		CONTINENTA	L AGENCY								
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:  Executive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chil			Yes No	Amour	nt of Contribution				
Is this contribution associated with a fundraising event listed in Section J1? Yes No Cash Personal Check Money Order Credit/Debit Co.		ceived 7, 2014	Aggregate Co	ontributions							
Last Name	First		-		MI		Contribution ID#				
TSIOFLIKIS	GLORIA						0186				
Residential Street Address	City					State	Zip Code				
400 KIMBERLY LANE	WATER	TOWN	'N				06795				
Principal Occupation		Name of Employer									
OWNER		G'S BURGERS	_								
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:  OExecutive OLegislative	es <b>O</b> No	Is contributor a lo or dependent chi		se, st?	Yes No	Amou	nt of Contribution				
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:  Method of Contribution:  Ocash Omoney Order  Orderit/Debit C		ceived 7, 2014	Aggregate Co	ontributions							
SUBTO	TAL Sec	tion B — Thi	is Page	160							

### Section B. ADDITIONAL PAGE 62 of 65

			TYPE OF REPORT				
			I	IISAAFP6			
utions f	rom Individu:	als					
First				MI	1	Contribution ID#	
CHRYSO	DULA					0187	
						Zip Code	
WATER						06795	
	G'S BURGERS				·		
or dependent child of a lobbyist?					Amount of Contribution  100		
k   M31/ 7		Aggregate Contrib	outions				
First				MI		Contribution ID#	
DYRAK						0188	
City				- 1	State	Zip Code	
3 RUSSELL AVE OAKVILLE						06779	
	Name of Employer						
	CARVEL /6'S	Burgers	m.	3114	114		
es <b>O</b> No	Is contributor a lo	bbyist, spouse, d of a lobbyist?	8	Yes	\Amoui	nt of Contribution	
k May		Aggregate Contrib	outions				
First				MI		Contribution ID #	
GEORGE						0189	
City					State	Zip Code	
WATER	WATERTOWN CT 06795					06795	
	Name of Employer						
	CARVEL						
es <b>O</b> No	13 COMMIDATOR A IN		8	Yes No	Amou	nt of Contribution	
k May		Aggregate Contril	butions				
TAL Sec	ction B — Thi	s Page 250	0				
	es ONO  Date Re May 7  First DYRAK City OAKVIL  Bare Re May 7  First City OAKVIL  City OAKVIL  City OAKVIL  Date Re May 7  First City OAKVIL  Date Re May 7   City WATERTOWN  Name of Employer G'S BURGERS es No Is contributor a loor dependent chil  Pirst DYRAK  City OAKVILLE  Name of Employer CARVEL / G'S es No Is contributor a loor dependent chil  Name of Employer CARVEL / G'S  Es ONO Is contributor a loor dependent chil  WATERTOWN  Name of Employer CARVEL  First GEORGE  City WATERTOWN  Name of Employer CARVEL es ONO Is contributor a loor dependent chil  Date Received May 7, 2014  First GEORGE  City WATERTOWN  Name of Employer CARVEL es ONO Is contributor a loor dependent chil  Date Received May 7, 2014	CHRYSOULA  City WATERTOWN  Name of Employer G'S BURGERS  es ONo Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Date Received Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist?  OAKVILLE  Name of Employer CARVEL / G'S BURGERS  es ONo Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  May 7, 2014 50  First GEORGE  City WATERTOWN  Name of Employer CARVEL  South Sout	First DYRAK  City OAKVILLE  Name of Employer CARVEL / G'S BURGERS  Solve or dependent child of a lobbyist?  Name of Employer CARVEL / G'S BURGERS  City CARVEL / G'S BURGERS  Contributions  Aggregate Contributions  Name of Employer CARVEL  CARVEL  Contributor a lobbyist, spouse, or dependent child of a lobbyist?  CARVEL  Contributor a lobbyist, spouse, or dependent child of a lobbyist?  CARVEL  Contributor a lobbyist, spouse, or dependent child of a lobbyist?  CARVEL  Contributions  Aggregate Contributions	First CHRYSOULA  City WATERTOWN  Name of Employer G'S BURGERS  es No  Date Received May 7, 2014  City OAKVILLE  Name of Employer CARVEL First CHRYSOULA  Aggregate Contributions MI  May 7, 2014  May 7, 2014  May 7, 2014  First City OAKVILLE  Name of Employer CARVEL Aggregate Contributions  MI  Date Received Aggregate Contributions  MI  MI  MI  MI  MI  Aggregate Contributions  MI  Aggregate Contributions  No  MI  Aggregate Contributions  MI  Aggregate Contributions  No  No  Aggregate Contributions   First City OAKVILLE  Name of Employer CARVEL / G'S BUGGES  TO No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  City OAKVILLE  Date Received Aggregate Contributions or dependent child of a lobbyist?  Name of Employer CARVEL / G'S BUGGES  To No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Employer CARVEL / G'S BUGGES  Thirst GEORGE  City Aggregate Contributions or dependent child of a lobbyist?  No State CT  Amount of Employer CARVEL / G'S BUGGES  To No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Thirst GEORGE  City State CT  Name of Employer CARVEL / G'S BUGGES  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Thirst GEORGE  City State CT  Name of Employer CARVEL  Aggregate Contributions  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Amount of Employer CARVEL State CT			

### Section B. ADDITIONAL PAGE 63 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with	Commission)		TYPE OF R	REPORT		
FRIENDS OF JOE POLLETTA	Community			SAAFP6		
	ized Contributions	from Individuals				
	First	II VIII III III II II II II II II II II	MI	Contribution ID #		
Last Name VERDURA	MARIA			0190		
	City			State Zip Code		
Residential Street Address	OAKV	HF		CT 06779		
50 HEATH STREET		····	<del></del> -			
Principal Occupation		Name of Employer	SONE			
BANKER	A.	WACHOVIA				
Is contributor a principal of a state contractor or prospective state of If yes, indicate which branch or branches of government the contract is with:	Legislative	or dependent child of a le	obbyist? O No	Amount of Contribution  5		
Is this contribution associated with a fundraising event listed in Section J1? Yes No OCash	<b>^</b>		ate Contributions			
fundraising event listed in Section J1? No No Money Order	OCredit/Debit Card May	7, 2014 5				
Last Name	First		MI	i		
VERDURA	LUCIA	<b>NO</b>		0191		
Residential Street Address	idential Street Address City					
50 HEATH STREET	OAKV	LLE		CT 06779		
Principal Occupation		Name of Employer		<u> </u>		
RETIRED						
Is contributor a principal of a state contractor or prospective state of If yes, indicate which branch or branches of government the contract is with:	Legislative	Is contributor a lobbyist, or dependent child of a lo				
	<b>△</b> ¬ 101 1	Aggree 77, 2014 5	gate Contributions			
Last Name	First		M			
RINALDI	MICH	ELE		0192		
Residential Street Address	City	<u> </u>		State Zip Code		
225 OLD COLONY DR	WATE	RTOWN		CT 06795		
Principal Occupation		Name of Employer				
RETIRED						
Is contributor a principal of a state contractor or prospective state configuration of government the contract is with:  OExecutive	Legislative	Is contributor a lobbyist or dependent child of a l	spouse, obbyist?	Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? Yes No Method of Contribution If yes, list Event #:	Charle	Aggre 7, 2014 10	gate Contributions			
	SUBTOTAL S	ection B — This Pag	<b>ge</b> 20			

## Section B. ADDITIONAL PAGE 69 or 65

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Commission)				ТҮРЕ	OF RI	PORT		
FRIENDS OF JOE POLLETTA	a da Registerea with Commissiony			-	I	I	SA Z	4FPG	
	B. Itemized Contribut	tions fr	om Individu	als	l				
Last Name		irst	Om marvida			MI		Contribution ID#	
D'ADDONA		GIOVAN	NI					0193	
Residential Street Address		City				ļ	State	Zip Code	
117 EVELYN STREET	C	DAKVILL	E			CT	06779		
Principal Occupation RETIREO			Name of Employer						
1 3	rospective state contractor? OYes  Executive OLegislative		Is contributor a lo or dependent chil	d of a lobbyi	st?	Yes No	Amou 5	nt of Contributio	
fundraising event listed in Section J1? O No	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Card	Date Red May 7,		Aggregate Co	ontributions				
Last Name	•	rirst				MI		Contribution ID#	
WOZNIAK	DZNIAK PAUL							0194	
Residential Street Address		City	21101				State	Zip Code	
354 OAK DRIVE	\	WATERT	OWN				СТ 	06795	
UPrincipal Occupation A. RETIRED			Name of Employer						
Is contributor a principal of a state contractor or p  If yes, indicate which branch or branches of government the contract is with:	Executive OLegislative	<b>⊙</b> No	Is contributor a lo or dependent chi		se, st?	Yes No	Amou	nt of Contributio	
fundraising event listed in Section J1? O No	Method of Contribution:  Cash  Personal Check  Money Order  Credit/Debit Card	Date Rec		Aggregate Co	ontributions				
Last Name		First				MI		Contribution ID#	
RINALDI		BENJAN	IIN					0195	
Residential Street Address	C	City						Zip Code	
593 WOODBURY RD		WATERT	OWN				CT	06795	
Principal Occupation		· · · · · · · · · · · · · · · · · · ·	Name of Employer						
	Executive OLegislative		Is contributor a l or dependent chi	ld of a lobby	ist? C	8 Yes No		Amount of Contribution	
fundraising event listed in Section J1? No	Method of Contribution:  Cash  Money Order  Credit/Debit Care	Date Red May 7	, 2014	Aggregate C	ontributions	ibutions			
	SUBTOTA	AL Sec	tion B — Th	is Page	20				

# Section B. ADDITIONAL PAGE 65 of 65

NAME OF COMMITTEE (Provide Complete No.	me as Registered with Commission)				TYPE O	F RE	PORT	
FRIENDS OF JOE POLLETTA					ナゴ	S	AA	FP6
	B. Itemized Contrib	utions f	rom Individu	als				
Last Name		First				MI		Contribution ID#
PATERNOSTRO		FRANK						196
Residential Street Address		City				S	State	Zip Code
349 FRENCH STREET		WATER	rown			C	.T	06795
Principal Occupation	<del></del>		Name of Employer					
SALES			CURTISS RYAI	N HONDA				
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	OExecutive OLegislative		Is contributor a lo or dependent chil	d of a lobbyist?	8	Yes No	Amour 5	nt of Contribution
	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca			Aggregate Contrib	outions			
Last Name		First				MI		Contribution ID#
Residential Street Address		City				S	State	Zip Code
Principal Occupation		L	Name of Employer			- · ·		
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative  Method of Contribution:	S ONo	Is contributor a lo or dependent chil		8		Amoun	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Cash Personal Check Money Order Credit/Debit Ca		cet veu	Aggregate Contro	outions			
Last Name		First				MI		Contribution ID #
Residential Street Address		City				S	State	Zip Code
Principal Occupation		I	Name of Employer					
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe  OExecutive OLegislative	s <b>O</b> No	Is contributor a lo or dependent chil		8		Amour	nt of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes No Ifyes, list Event #:	Method of Contribution:  Cash Personal Check Money Order Credit/Debit Ca		ceived	Aggregate Contrib	outions			
	SUBTOT	'AL Sec	tion B — Thi	s Page 5	·			

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

NAME OF COMMITTEE (Provide C	omplete Name as Registered w	vith Commission,	)		TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				)41 C	IISAAFPG	
	C1. C	ontributio	ons from C	)ther Con		
Name of Committee				ivanie of 1	i vasui Vi	
Address			Is this cont fundraising	event listed	ciated with a in Section J1?	Amount of Contribution
City	State	Zip Code	Date Rec		Aggregate Contributions	
Name of Committee	<u> </u>	<u> </u>		Name of T	reasurer	
Address			Is this cont fundraising	g event listed	ciated with a Yes No in Section J1?	Amount of Contribution
City	State	Zip Code	Date Rec	ceived	Aggregate Contributions	
Name of Committee		<u> </u>		Name of T	reasurer	<u> </u>
Address	ress		Is this confundraising	g event listed	ciated with a Yes No in Section J1?  es, list Event #	Amount of Contribution
City	State	Zip Code	Date Re	ceived	Aggregate Contributions	
Name of Committee		1		Name of T	reasurer	
Address			Is this confundraising	g event listed	ciated with a in Section J1? es, list Event #	Amount of Contribution
City	State	Zip Code	Date Re	ceived	Aggregate Contributions	
C2. Re	imbursements, Pa	yments, or	r Surplus	Distributi	ions from other Committ	ees
Name of Committee		<u>.</u>			ne of Treasurer	
Address			<u>.</u>		Date Received	Amount of Receipt
City	S	tate Zip	Code		bursement for shared expensement for goods and services	
Name of Committee				Naп	ne of Treasurer	
Address					Date Received	Amount of Receipt
City	S	tate Zip	Code	8 Reim Paym	abursement for shared expensement for goods and services	
		S	UBTOTA	L Section	C — This Page 0	
		TO	TAL of a	dditional	Section C Pages 0	
TOTAL	OF ALL COMM (Sections C	ITTEE Co C1 + C2) (En	ONTRIBU	JTIONS A	AND RECEIPTS oummary Page Totals)	

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

NAME OF COMMITT	TEE (Provide Complete Name as Registered wi	th Commission)					OF REP	ORT
FRIENDS OF JOE PO	DLLETTA					IISAA	FPG	
		D. Loans Recei	ved this	Period				
Name of Lender			Source of		Individu	al <b>O</b> Oti	her	Date of Receipt
Street Address		City	<u> </u>		State	Zip Co	de	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarant	OF (if applicable)				<del></del>	4		Amount Received
Street Address		City			State	Zip Co	ode	
Name of Lender			Source of Bar	f Loan: nk Candidate (	Individu	al <b>O</b> Ot	her	Date of Receipt
Street Address		City			State	Zip Co	de	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarant	OT (if applicable)				<b>I</b>			Amount Received
Street Address		City		<u></u>	State	Zip Co	ode	
				TOTAL	SECTION	ON D		
	E. Personal Funds of the	Candidata Base	aived thi	is Pariod (Can)	lidate Co	mmitt <i>o o</i>	s ONI V	
Data of Passint	E. Personal Funds of the  Method of Payment:	Canusuate Rece	erveu till	is a criou (Cana	HUBIE CO		VIII)	Amount
Date of Receipt	Method of Payment.  Cash	Personal C	Check	Credit/Debi	t Card			
Date of Receipt	Method of Payment:	Personal C	Check	Credit/Debi	it Card			Amount
Data of Bennint	Method of Payment:							Amount
Date of Receipt	Cash	O Personal C	Check	Credit/Debi	it Card			
				TOTAL S	ECTIO	N E	)	
		F. Anonymous	s Contri	butions				
Per Public A	Act 11-48, Anonymous Cont n anonymous contribution, th State Elections Enforce	tributions may he campaign tro	no long easurer	er be deposite shall immedia	itely rea	mit the	e contr	If a committee ibution to the
	G. Intere	st from Deposit	s in Aut	horized Accou	Date Rec	nivad		A=
Name of Institution					Date Rec	EI VEZLI		Amount
Street Address		City			State	Zip Co	de	
Name of Institution			· · · · · · · · · · · · · · · · · · ·		Date Rec	eived		Amount
Street Address		City			State	Zip Co	de	1
				TOTAL	SECTI	ON G	0	1
L				101111	~~~			<u> </u>

Page 6 of 16

#### SEEC FORM 30 Res. f-12

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

NAME OF COMMITTEE (Provide Complete Name as I	Registered with Comm	nission)				TYPE O	REPORT	
FRIENDS OF JOE POLLETTA						IISAAFP	G	
H. Public	Grant Fund:	s Received	from t	he Citizens' Elec	ction F	und		
Purpose of Grant:	Grant Cycle:				Date Rec			Amount
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	<b>G</b> General !	Election	Special Election		··		
Purpose of Grant	Grant Cycle:				Date Rec	eived		Amount
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	O General 1	Election	Special Election		· · · · · · · · · · · · · · · · · · ·		
Purpose of Grant:	Grant Cycle:				Date Rec	eived		Amount
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	<b>O</b> General	Election	Special Election				
Purpose of Grant:	Grant Cycle:				Date Rec	eived		Amount
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	Primary	General	Election	Special Election				
			тот	TAL SECTION	Н 0		·-	
I. Miscella	neous Mone	tary Recei	pts not	Considered Con	ntribut	ions		
Name			<u>-</u>		····	Date of Trai		Amount Received
STATE OF CONNECTICUT		10:			State	May 14,		0.05
Street Address 20 TRINITY STREET		City <b>HA</b> f	RTFORD		СТ	061		
Description PENNY TEST		,						
Name						Date of Trai	asaction	Amount Received
Street Address		City			State	Zip	Code	
Description								
Name						Date of Tra	nsaction	Amount Received
Street Address	<u> </u>	City			Stat	e Zip	Code	
Description								
				TOTAL SI	ECTIO	N I 0.05	5	
			DV DE	CEIDTS (See	ione T	throws	.h I\	
SUMMARY OF		UNETA	KY KE	CEIFIS (Sect	+	o	(H 1)	<u></u>
Total Loans Received this Period (Section D		this Daried (	(Santion 1	F)	+	0		
Total Amount of Personal Funds of the Cand					+	0		<u> </u>
Total Amount of Interest from Deposits in A  Total Public Grant Funds Received from the				<u> </u>	+	0		
Total Miscellaneous Monetary Receipts not	<del></del>			<del> </del>	+	0.05		
TOTAL OF OTHER MONETARY	RECEIPTS	NOT CON	SIDEF	RED CONTRIB	UTION	IS <sub>0.05</sub>		
(Add	Sections D thr	ough I) (En	ter total on	Line 16 of Summary	Page Tota	ds)		

#### II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT					
FRIENDS OF JOE POLLETTA		-			IISAA	FPG				
	J1. Fundraisin	g Eve	nt I	nformation						
Fundraising Event # Date of Fundraiser Letter	Description	·	•							
Location: Street Address		[	City				State	Zip Code		
Was this fundraising event hosted at	a personal residence?	0	Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.  No							
Did this fundraiser include items dor \$100 or items donated by an individu	nated by a business entity of up to ual of up to \$100?	01 01		Yes If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auctio with purchases from an individual of	on, or other sale of donated items f up to \$100?	0 1 0 1		(If yes, enter Total Receipts here.)		\$				
Fundraising Event # Date of Fundraiser Letter	Description									
Location: Street Address		į	City				State	Zip Code		
Was this fundraising event hosted at	a personal residence?	0		If yes, go to Section J3 In-Kind Don and complete required information for beverage and invitations.	nations in purch	not Con nases ma	nsidered C ade by host	Contributions (s) for food,		
Did this fundraiser include items dor \$100 or items donated by an individual	nated by a business entity of up to ual of up to \$100?	0		If yes, go to Section J3 In-Kind Dor and complete required information.	ations	not Co	nsidered (	Contributions		
Subpart 1: Was this fundraiser a tag sale, auctio with purchases from an individual of	on, or other sale of donated items f up to \$100?	0		(If yes, enter Total Receipts here.)	<b></b>	\$				
Fundraising Event # IDate of Fundraiser Letter	Description									
Location: Street Address			City				State	Zip Code		
Was this fundraising event hosted at	a personal residence?	0		If yes, go to Section J3 In-Kind Doi and complete required information for beverage and invitations.	nations or purch	not Conases ma	nsidered ( ade by hos	Contributions t(s) for food,		
Did this fundraiser include items do: \$100 or items donated by an individ	nated by a business entity of up to lual of up to \$100?	0		If yes, go to Section J3 In-Kind Donard complete required information.	nations	not Co	nsidered (	Contributions		
Subpart 1: Was this fundraiser a tag sale, auction with purchases from an individual of	on, or other sale of donated items f up to \$100?	0		(If yes, enter Total Receipts here.)		\$				
SUBTOTAL Sect	tion J1—Subpart 1 Total Receipts	from S	sale (	of Donated Items — This Page						
		тот	ΓAL	of additional Section J1 Pages	þ					
TOTAL OF ALL SMALL PURCH	ASES FROM TAG SALES, AUCTION	NS OR C Enter to	OTHI tal or	ER SALE OF DONATED ITEMS 1 Line 17 of Summary Page Totals)	0					

#### II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

individ	Per Public Act 11-48, et lual purchases from a c	fective January 1, 20 committee tag sale,	012 committees , auction, or a	are no longer required to sale of donated items.	itemize sn Section J2	nall ?. <i>removea</i>	!
NAME OF COMMITTI	EE (Provide Complete Name as R	Registered with Commission)			TYPE OF I	REPORT	<del>~~</del>
FRIENDS OF JOE POL					IISAAFPO		
	J3. I	n-Kind Donations	s Not Conside	ered Contributions	<u> </u>		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: OIndividual OBusiness Entity	Description of Donation  Date Received	Event #	Event # Aggregate Value for this Event			r Market Val	ue of Donation
OSole Proprietorship	Batte Received	Diam'r					
Name of Donor	<u></u>						
Street Address			City			State	Zip Code
Donation Given By: OIndividual	Description of Donation		Fai	r Market Vai	ue of Donation		
OBusiness Entity OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:  OIndividual	Description of Donation				Fai	r Market Val	ue of Donation
OBusiness Entity  Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: OIndividual	Description of Donation				Fai	r Market Val	ue of Donation
OBusiness Entity OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
		S	SUBTOTAL Se	ection J3 — This Page	0		
		то	)TAL of additi	onal Section J3 Pages	0		
TOTAL OF A	LL IN-KIND DONA			CONTRIBUTIONS of Summary Page Totals)	0		

412	ONMORETAL		LII ID (BE	TYPE OF	REPOI	RT		
NAME OF COMMITTEE (Provide Complete Name	e as Registered with Commission,	)		IISAAFPO				
RIENDS OF JOE POLLETTA	¥7 ¥	Vind Con	tuibutions	, iio/viii (				
	K. In-	Kind Con	trivutions		·			
iame								
treet Address			City	<u></u>			State	Zip Code
ucce / (duitos)								
s this contribution associated with a Yes	Description of In-Kind Contrib	oution	L					
undraising event listed in Section L1? No  If yes, list Event #:								
	Is contributor a principal of a	a state contract	or or prospective sta	te contractor?	QYe	s		larket Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If yes, indicate which bra of government the contra	anch or branch ct is with:	es	Legislative	ON		of this	Contribution
Type of Contributor:		Date Rec	eived	Aggregate Contrib	utions		<u> </u>	
	Sole Proprietorship							
Name								
			City				State	Zip Code
Street Address			City					
<u> </u>	Description of In-Kind Contri	bution	<u></u>					<u> </u>
s this contribution associated with a fundraising event listed in Section L1? No lfyes, list Event #:	Description of in raine control							
Is contributor a lobbyist, spouse, Yes	Is contributor a principal of If yes, indicate which br	a state contrac	tor or prospective st	ate contractor?	84	es o		larket Value Contribution
or dependent child of a lobbyist?	of government the contra	act is with:	O Executive	<del>7</del>				
Type of Contributor:		Date Re	ceived	Aggregate Contrib	outions			
O Individual O Committee O	Sole Proprietorship							
Name								
Servet Address			City	<u> </u>			State	Zip Code
Street Address								
s this contribution associated with a Yes	Description of In-Kind Contri	bution						
fundraising event listed in Section L1? No  **Moderate Section No. 15   No. 15   No. 16   No.								
	Is contributor a principal of	a state contrac	ctor or prospective st	ate contractor?	QY	es		Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes, indicate which be of government the contra	ranch or brancl act is with:	O Executive	O Legislative	O <sub>N</sub>		of this	Contribution
Type of Contributor:		Date Re	ceived	Aggregate Contri	butions			
O Individual O Committee C	Sole Proprietorship						<u> </u>	
		SUE	STOTAL Section	n K — This P	age	0		
		TOTA	AL of additiona	l Section K Pa	ges	0		
TOTAL OF ALL IN-KI	ND CONTRIBUTION	)NS (Enter	total on Line 23 of S	Summary Page To	tals)	0		
	L. Refundable I				-			
At the second	L. Kelundabie I	First	reichnone co	Panj		MI	Date Depo	sit Made
Last Name of Individual		1 - 3						
Decidential Street Address		City		State	Zip C	ode		Amount of
Residential Street Address								Deposit
		<u> </u>			<u> </u>			
Name of Telephone Company								
		Loine		State	Zip C	ode		
Street Address		City		State				
						T		
	TOTAL SECTIO	N L (Enter	total on Line 24 of	Summary Page T	otals)	0		

#### III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  TYPE OF RE						PORT	
FRIENDS OF JOE POLLETTA	IISAAFPG						
M. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an	Organiza d Party C	ation Exper Committees	nditu — <u>C</u>	res Made I PTIONAL	<b>By</b> ₄ See Public Ac	t 11-48	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL		Name of Treasure					
Street Address Date Notice Rec						Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donation		ions		
Description of Donation				se of Expenditure			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)  Name of Treasurer							
Street Address				Date Notice Rece	eived	Fair Market Value of Donation	
City	State	Zip Code		Aggregate Donat	ions		
Description of Donation	· · · · · · · · · · · · · · · · · · ·		1 -	se of Expenditure	(see instructions) OD OE		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	ट				
Street Address	Address Date Notice Receiv				rived	Fair Market Value of Donation	
City	State	Zip Code		Aggregate Donat	ions		
Description of Donation	4	Purpose of Expenditure (see instructions)  OA OB OC OD OE					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure			- <del>-</del>		
Street Address				Date Notice Reco	cived	Fair Market Value of Donation	
City	State	Zip Code		Aggregate Donations			
Description of Donation		.1	1 1	ose of Expenditure	(see instructions) OD OE		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er				
Street Address	<u> </u>			Date Notice Rece	eived	Fair Market Value of Donation	
City	State	Zip Code Ag		Aggregate Donat	ions		
Description of Donation  Purpose of Expenditu  OA OB OC							
St	0						
TOTAL of additional Section M Pages 0							
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 25 of Summary Page Totals)							

NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)			TYPE OF	REPORT			
FRIENDS OF JOE POLLETTA						IISAAFPG		
	N. Expenses	Paid by Committee						
Name of Payee  CITIZENS ELECTION FUND  Date of Payment  May 18, 2014						Method of Payment: 1,001 Check #		
Street Address		City			State	Zip Code		
20 TRINITY STREET		HARTFORD			ст	06106		
Purpose of Expenditure (by code)		375	Amount					
reimbursement is sough		xpenditure # { applicable}	Event #					
Name of Payee DEBORAH POPE			Date of Pay May 18,			heck # hebit Card		
Street Address		City			State	Zip Code		
85 NORTHWEST DI	₹	WATERTOWN			CT	06795		
Purpose of Expenditure (by code)	(by code)							
reimbursement is sough		xpenditure # f applicable)	Event #					
Name of Payee			Date of Pay	ment		ayment: heck # ebit Card		
Street Address		City	•		State	Zip Code		
Purpose of Expenditure (by code)	Description					Amount		
reimbursement is sough		xpenditure # f applicable)	Event #					
Name of Payee			Date of Pay	ment		ayment: neck # ebit Card		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description					Amount		
reimbursement is sough		xpenditure # (applicable)	Event #					
	SUBTO	TAL Section N — T	This Page 47	75				
	TOTAL	of additional Section	N Pages 0					
	TOTAL OF ALL EXPENS (Enter total o	ES PAID BY COMN on Line 20 of Summary Po	14	75				

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
FRIENDS OF JOE POLLETTA								
		O. Expense	s Paid by Candid	late		•		
Name of Payee (Name of vendo	r who candidate paid directly)				Date of	f Payment	Is reimbursement claimed?  Yes No	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	pose of Expenditure Description Events Description							
Name of Payee (Name of vendor	r who candidate paid directly)				Date of	Payment	Is reimbursement claimed?  OYes ONo	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description		I	<u></u>	Event #	!		
Name of Payee (Name of vendor	r who candidate paid directly)		···		Date of	Payment	Is reimbursement claimed?  O Yes O No	
Street Address		· ·	City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event #	<u> </u>		
Name of Payee (Name of vendor	who candidate paid directly)				Date of	Payment	Is reimbursement claimed?  O Yes ONo	
Street Address			City	5	State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	I		Event #			
Name of Payee (Name of vendor	who candidate paid directly)				Date of	Payment	Is reimbursement claimed?  OYes ONo	
Street Address			City	5	State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of vendor	who candidate paid directly)			-	Date of	Payment	Is reimbursement claimed?  O Yes O No	
Street Address			City	S	State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event #			
		SUBTO	OTAL Section O	— This Pa	<b>ge</b> 0			
		TOTAL	of additional Sec	ction O Pag	es 0			
	TOTAL O		SES PAID BY Con Line 27 of Summ					

NAME OF COMMITTEE (Provide Complete Name as Registered with Commiss	ТҮРЕ	TYPE OF REPORT					
FRIENDS OF JOE POLLETTA	IISAA	IISAAFPG					
P. Expenses Inc	urred on Comm	ittee Credit Card					
Name of Issuing Institution	Discover <b>C</b>	scover American Express					
Name of Vendor		Other	Date of T	Date of Transaction			
Street Address	City		State	Zip Code			
Purpose of Expenditure (by code) Description	·			Amount			
Is this expenditure coordinated with another candidate for which Pes reimbursement is sought? Yes No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #					
Name of Vendor			Date of T	Date of Transaction			
Street Address	City		State	Zip Code			
Purpose of Expenditure (by code)  Description				Amount			
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #					
Name of Vendor	_l		Date of T	Date of Transaction			
Name of Venuor			Date of 1	alisacion			
Street Address	City		State	Zip Code			
Purpose of Expenditure (by code) Description	•			Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes No  If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #					
Name of Vendor		<u> </u>	Date of T	ransaction			
			ļ				
Street Address	City		State	Zip Code			
Purpose of Expenditure (by code)  Description				Amount			
Is this expenditure coordinated with another candidate for which Pes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #					
SUBTOTAL Section P — This Page 0							
TO	ΓAL of addition	al Section P Pages 0	<u> </u>				
TOTAL OF ALL EXPENSES INCURRED OF	N COMMITTE total on Line 28 of	E CREDIT CARD Summary Page Totals)	_				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Commission		· CIED (	(Sections IV S)	TYPE OF	REPORT	· · · · · · · · · · · · · · · · · · ·
FRIENDS OF JOE POLLETTA IISAAFPG						·	
	Q. Expenses Incurred by C	omr	nittee but I	Not Paid During this Po	riod		•
Name of Creditor		- · · · ·				Date Incurr	ed
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)  Description							ount Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which Yes tt? No diture # and complete Itemization in Addendum Q		penditure #	Event #			
Name of Creditor						Date Incurr	ed
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description		<b>I</b>		,		ount Incurred mate or Actual)
reimbursement is sough	dinated with another candidate for which Ses Yes t? No diture # and complete Itemization in Addendum Q		enditure #	Event #			
Name of Creditor		<u>-1.                                    </u>				Date Incum	ed
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description						ount Incurred mate or Actual)
reimbursement is sough	dinated with another candidate for which Section 19 No No Cliture # and complete Itemization in Addendum Q		enditure # oplicable)	Event #			
Name of Creditor						Date Incurre	ed
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description						unt Incurred mate or Actual)
reimbursement is sought	linated with another candidate for which Yes No liture # and complete Itemization in Addendum Q		enditure # pplicable)	Event #			
			SUBTO	OTAL Section Q – This	Page 0		
			TOTAL of	f additional Section Q I	Pages 0		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITT	ГЕЕ	DURING T (Enter to	THIS PERIOD BUT NOT ptal on Line 29 of Summary Page	PAID 0		
	Previously report	ted I	Expenses U	Inpaid and still Outstar	ding 0		
	TOTAL OF ALL EXPENSES INCU	RRE		MMITTEE BUT NOT I			

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
FRIENDS OF JOE POLLETTA						IISAAFPG		
	R. Itemization of Re	imbursem	ents to Committee V	Vorkers an	d Consultants			
Last Name of Worker/Con	sultant	First			Date of Payment	Method of Payment: Check #		
Secondary Payee		<u> </u>		<b>_</b>		. •		
Street Address	······································	<del> </del>	City			State	Zip Code	
Purpose of Expenditure (by code)	Description						Amount	
reimbursement is soug	rdinated with another candidate for which the the thick that?	O No	Expenditure # (if applicable)	Event #		- 		
Last Name of Worker/Con	sultant	First		MI	Date of Payment		of Payment: Check # Debit Card	
Secondary Payee						1		
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description		·	· · · · · · · · · · · · · · · · · · ·			Amount	
reimbursement is sough	dinated with another candidate for which t? diture # and complete Itemization in A	O No	Expenditure # (if applicable)	Event #		_		
Last Name of Worker/Con		First		MI	Date of Payment	(	of Payment: Check # Debit Card	
Secondary Payee		<u> </u>		l	<u> </u>		·	
Street Address			City			State	Zip Code	
Purpose of Expenditure (by code)	Description			<del></del>			Amount	
reimbursement is sough	dinated with another candidate for which tt?  diture # and complete Itemization in Ac	O No	Expenditure # (if applicable)	Event #				
		SUB	TOTAL Section R -	– This Pag	g <b>e</b> 0	•		
		ТОТА	AL of additional Sect	ion R Page	es 0			
TOTAL OF ALL	REIMBURSEMENTS TO CO	MMITTE	E WORKERS AND CO	ONSULTAN	NTS 0			

NAME OF COMMITTEE (Provide Complete Name	TYPE OF REPORT			
FRIENDS OF JOE POLLETTA	IISAAFPG	IISAAFPG		
	S. Surplus Distribution of Equipme	nt and Furniture		
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item			1	-
Name of Recipient				<u> </u>
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item		<u> </u>		1
Name of Recipient			<u> </u>	
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item			<u> </u>	
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item			1	
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item	<u> </u>		<u> </u>	
Name of Recipient				<u> </u>
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item		<u> </u>		1
		TOTAL SECTIO	NS 0	