

**SEEC FORM 30**

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



140689

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Do Not Mark in This Space For Official Use Only

**COVER PAGE SEEC**

<b>1. NAME OF COMMITTEE</b>				<b>2. TYPE OF COMMITTEE</b>	
FRIENDS OF JOE POLLETTA				<input checked="" type="radio"/> Candidate Committee <input type="radio"/> Exploratory Committee	
<b>3. TREASURER NAME</b>					
First JOANN	MI E	Last MURRAY		Suffix	
<b>4. TREASURER ADDRESS</b>					
Street Address 145 HARD ROCK RD		City WATERTOWN		State CT	Zip Code 06795
<b>5. ELECTION DATE</b> (mm/dd/yyyy) Nov 4, 2014		<b>6. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> STATE REPRESENTATIVE			<b>7. DISTRICT NUMBER</b> <i>(if applicable)</i> 68
<b>8. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>					
First JOSEPH	MI	Last POLLETTA		Suffix	
<b>9. TYPE OF REPORT</b> <i>(Check One Box)</i>					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> January 10 filing  <input type="checkbox"/> April 10 filing  <input type="checkbox"/> July 10 filing  <input type="checkbox"/> October 10 filing       </div> <div style="width: 33%;"> <input type="checkbox"/> 7th day preceding primary  <input type="checkbox"/> 30 days following primary  <input type="checkbox"/> 7th day preceding election  <input type="checkbox"/> 7th day preceding special election       </div> <div style="width: 33%;"> <input checked="" type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant  <input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant  <input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant       </div> <div style="width: 33%;"> <input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i>  <input type="checkbox"/> Primary <input type="checkbox"/> Election  <input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i>  <input type="checkbox"/> Primary <input type="checkbox"/> Election       </div> <div style="width: 33%;"> <input type="checkbox"/> Deficit  <input type="checkbox"/> Termination  <input type="checkbox"/> Amendment to Type of Report: _____       </div> </div>					
<b>10. PERIOD COVERED</b>					
Beginning Date <u>4/28/14</u>		Ending Date <u>5/20/14</u>			
<b>11. CERTIFICATION</b>					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		JOANN E. MURRAY PRINT NAME OF SIGNER		<u>5/20/14</u> DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

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

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**SUMMARY PAGE TOTALS**

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

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

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

Section B. ADDITIONAL PAGE 1 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First DAVID		MI	Contribution ID # 0004
Residential Street Address 215 NEILL DRIVE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation OWNER		Name of Employer APEX INTERNATIONAL EDUCATION PARTNERS			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 100
Amount of Contribution 100					
Last Name DESENA		First DEBRA		MI	Contribution ID # 0005
Residential Street Address 80 PARKMAN STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation BOOKKEEPER		Name of Employer TOWN OF WATERTOWN WATER DEPT			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 100
Amount of Contribution 100					
Last Name BROWN		First MICHAEL		MI	Contribution ID # 0006
Residential Street Address 348 LOVLEY DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation MARSHALL		Name of Employer STATE OF CT			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 4, 2014	Aggregate Contributions 100
Amount of Contribution 100					
<b>SUBTOTAL Section B — This Page</b>					300

Section B. ADDITIONAL PAGE 2 of 65

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GAVALLAS		First JOHN		MI	Contribution ID # 0010
Residential Street Address 116 POND VIEW DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation POLICE CHIEF		Name of Employer TOWN OF WATERTOWN			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 100
Last Name PILICY		First FRANKLIN		MI	Contribution ID # 0011
Residential Street Address 235 MAIN STREET		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation ATTORNEY		Name of Employer SELF			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 100
Last Name MANCINI		First CARL		MI	Contribution ID # 0012
Residential Street Address 74 REGENCY HILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/3/14	Aggregate Contributions 100
<b>SUBTOTAL Section B — This Page</b>				300	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	II SA A F P 6

**B. Itemized Contributions from Individuals**

Last Name GUERRERA	First PATRIZIA	MI	Contribution ID # 0013
Residential Street Address 61 DEERFIELD LA	City WATERTOWN	State CT	Zip Code 06795

Principal Occupation ADMIN ASSISTANT TO POLICE CHIEF	Name of Employer TOWN OF WATERTOWN
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution 50	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card
Date Received '5/4/14	Aggregate Contributions 50

Last Name GUERRERA	First SALVATORE	MI	Contribution ID # 0014
Residential Street Address 61 DEERFIELD LA	City WATERTOWN	State CT	Zip Code 06795

Principal Occupation TOOLMAKER	Name of Employer CAVTECH INDUSTRIES
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution 50	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card
Date Received '5/4/14	Aggregate Contributions 50

Last Name TEDESCO	First MARK	MI	Contribution ID # 0015
Residential Street Address 145 HARD ROCK RD	City WATERTOWN	State CT	Zip Code 06795

Principal Occupation BUILDING CONTRACTOR	Name of Employer HARD ROCK DEVELOPMENT LLC
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution 50	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:	Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card
Date Received '5/3/14	Aggregate Contributions 50

SUBTOTAL Section B — This Page	150
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DESENA		First ROBERT		MI	Contribution ID # 0016
Residential Street Address 80 PARKMAN ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation DEPUTY POLICE CHIEF		Name of Employer TOWN OF WATERTOWN			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 4, 2014	Aggregate Contributions 100 Amount of Contribution 100
Last Name PETTA		First ANTHONY		MI	Contribution ID # 0017
Residential Street Address 38 FLINTLOCK RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation GENERAL MGR/OFFICER		Name of Employer CT CONCRETE CONSTRUCTION INC			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 4, 2014	Aggregate Contributions 50 Amount of Contribution 50
Last Name DURSO		First DORA		MI	Contribution ID # 0018
Residential Street Address 10 GOLFVIEW DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation TEACHER		Name of Employer OUR LADY OF MT CARMEL SCHOOL			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 4, 2014	Aggregate Contributions 100 Amount of Contribution 100
<b>SUBTOTAL Section B — This Page</b>				250	



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

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DIMASCIA		First RICO		MI	Contribution ID # 0025
Residential Street Address 66 PINERIDGE DR		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation MAINTAINER		Name of Employer STATE OF CONNECTICUT			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 20
Last Name MCHALE		First ROBERT		MI	Contribution ID # 0026
Residential Street Address 111 GEORGETOWN DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation PHOTOGRAPHER		Name of Employer MCHALE PHOTOGRAPHY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 25
Last Name MAJOR		First DEBORAH		MI	Contribution ID # 0027
Residential Street Address 168 TUTTLE RD		City SOUTHBURY		State CT	Zip Code 06488
Principal Occupation CLERK		Name of Employer FRANKLIN PILICY PC			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/3/14	Aggregate Contributions 25
<b>SUBTOTAL Section B — This Page</b>					<b>70</b>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
GUERRERA		LISA			0028
Residential Street Address		City		State	Zip Code
185 NEILL DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
MARKETING COMMUNICATIONS ADMINISTRATOR		MACDERMID			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
				50	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		5/4/14	50
Last Name		First		MI	Contribution ID #
MCHALE		ANNE			0029
Residential Street Address		City		State	Zip Code
111 GEORGETOWN DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
PHOTOGRAPHER		MCHALE PHOTOGRAPHY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
				25	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		5/4/14	25
Last Name		First		MI	Contribution ID #
LOI		GERARDINA			0030
Residential Street Address		City		State	Zip Code
195 NEILL DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
ACCOUNTANT		ATI LLC			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
				50	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		5/3/14	50
<b>SUBTOTAL Section B — This Page</b>					125

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First MARIO		MI	Contribution ID # 0031
Residential Street Address 185 NEILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation EYELET TOOLMAKER		Name of Employer NU CAP			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 50
Amount of Contribution 50					
Last Name BUTTERLY		First DINAH		MI	Contribution ID # 0032
Residential Street Address 59 LITCHFIELD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/4/14	Aggregate Contributions 50
Amount of Contribution 50					
Last Name BUTTERLY		First SEAN		MI	Contribution ID # 0033
Residential Street Address 59 LITCHFIELD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation TEACHER		Name of Employer TOWN OF HAMDEN			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received 5/3/14	Aggregate Contributions 50
Amount of Contribution 50					
<b>SUBTOTAL Section B — This Page</b>				150	

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

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name BETTANCOURT		First HENRY		MI	Contribution ID # 0037
Residential Street Address 109 FRANSON ROAD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name SKROWSKI		First STEPHEN		MI	Contribution ID # 0038
Residential Street Address CHERRY AVENUE 303		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation POLICE SARGEANT		Name of Employer WATERTOWN POLICE DEPT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name VARRONE		First GIUSEPPE		MI	Contribution ID # 0039
Residential Street Address 290 LITCHFIELD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					<b>15</b>

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



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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name LAPORTA		First MEGAN		MI	Contribution ID # 0043
Residential Street Address 25 SUNNY LANE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation ADMIN ASSISTANT		Name of Employer AIEP			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 5	8 Yes No
Last Name GUERRERA		First NICOLINA		MI	Contribution ID # 0044
Residential Street Address 492 ECHO LAKE RD 2ND FLOOR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 10	8 Yes No
Last Name POLLETTA		First SUSANNA		MI	Contribution ID # 0045
Residential Street Address 54 LAKEVIEW RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation SR TRAINING COORDINATOR		Name of Employer THE HARTFORD CO INC			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 10	8 Yes No
<b>SUBTOTAL Section B — This Page</b>				<b>25</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IFSAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
POLLETTA		FELICIA			0046
Residential Street Address		City		State	Zip Code
159 TARBELL AVENUE		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
RETIRED					
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				10	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	10
Last Name		First		MI	Contribution ID #
POLLETTA		ROSE			0047
Residential Street Address		City		State	Zip Code
454 LAKEVIEW RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
PROJECT MANAGER		THE HARTFORD INSURANCE CO			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				10	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	10
Last Name		First		MI	Contribution ID #
POLLETTA		ROSARIO			0048
Residential Street Address		City		State	Zip Code
54 LAKEVIEW RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
HEAD MEAT CUTTER		STOP & SHOP			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				10	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	10
<b>SUBTOTAL Section B — This Page</b>				<b>30</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name HILL		First SANDRA		MI	Contribution ID # 0049
Residential Street Address 166 ICE HOUSE RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation ADMINISTRATOR		Name of Employer SELF EMPLOYED / TOM HILL 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 10	
Last Name PETTA		First ANTOINETTA		MI	Contribution ID # 0050
Residential Street Address 1823 LITCHFIELD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 10	
Last Name DISTASI		First RICHARD		MI	Contribution ID # 0051
Residential Street Address 525 HAMILTON AVENUE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation TOOLMAKER		Name of Employer BRAXTON MFG			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
<b>SUBTOTAL Section B — This Page</b>				<b>25</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name FENN		First BRIANNA		MI	Contribution ID # 0052
Residential Street Address 31 NOVA SCOTIA HILL RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation WAITRESS		Name of Employer ROCK GARDEN 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name BASILE		First VINCENT		MI	Contribution ID # 0053
Residential Street Address 12 CAMP AVENUE		City OAKVILLE		State CT	Zip Code 06799
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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name DISTASI		First SUSAN		MI	Contribution ID # 0054
Residential Street Address 525 HAMILTON AVENUE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation UNEMPLOYED		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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
SUBTOTAL Section B — This Page				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA					
<b>B. Itemized Contributions from Individuals</b>					
Last Name BARTOLINI		First DAVID		MI	Contribution ID # 0055 : : :
Residential Street Address 438 RIVERSIDE AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation UNEMPLOYED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes 8 No
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name BARTOLINI		First MICHAEL		MI	Contribution ID # 0056 : : :
Residential Street Address 438 RIVERSIDE AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation WAIT STAFF		Name of Employer AQUA TURF CLUB			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes 8 No
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name ORSINI		First THOMAS		MI	Contribution ID # 0057 : : :
Residential Street Address 1953 LITCHFIELD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes 8 No
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>				<b>15</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First VITTORIO		MI	Contribution ID # 0058
Residential Street Address 329 MIDDLEBURY RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name VOGEL-HURLEY		First MICHELLE		MI	Contribution ID # 0059
Residential Street Address 71 HILLSIDE AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation SECRETARY		Name of Employer ATTORNEY FRANKLIN PILICY			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name GIRARD		First AMANDA		MI	Contribution ID # 0060
Residential Street Address 99 MILLIKIN STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation DIETARY AIDE		Name of Employer 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DAVERSA		First MARIA		MI	Contribution ID # 0061 : : :
Residential Street Address 1108 MAIN ST		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name GUERRERA		First GIUSEPPE		MI	Contribution ID # 0062 : : :
Residential Street Address 686 FRENCH ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name GUERRERA		First MARGARET		MI	Contribution ID # 0063 : : :
Residential Street Address 686 FRENCH ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
SUBTOTAL Section B — This Page				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
LAPORTA		GIUSSEPINA			0064
Residential Street Address		City		State	Zip Code
135 BELDEN ST		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
RETIRED					
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	5
Last Name		First		MI	Contribution ID #
HUGHES		LUCIA			0065
Residential Street Address		City		State	Zip Code
57 NORWAY ST		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
MANAGER		WATERBURY HOSPITAL			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	5
Last Name		First		MI	Contribution ID #
ZURLO		FILOMENA			0066
Residential Street Address		City		State	Zip Code
26 BURNHAM ST		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
MACHINE OPERATOR		SIEMAN COMPANY			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	5
SUBTOTAL Section B — This Page				15	



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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
GUERRERA		MARIA			0067
Residential Street Address		City		State	Zip Code
156 OLD COLONY RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
RETIRED					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 5, 2014	5
					5
Last Name		First		MI	Contribution ID #
D'ABATE		ANNA			0068
Residential Street Address		City		State	Zip Code
404 NEILL DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
RETIRED					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 5, 2014	5
					5
Last Name		First		MI	Contribution ID #
PETTA		ANTONIO			0069
Residential Street Address		City		State	Zip Code
1823 LITCHFIELD RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
RETIRED					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 5, 2014	5
					5
<b>SUBTOTAL Section B — This Page</b>					15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAF PG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name MANCINI		First JANICE		MI	Contribution ID # 0070
Residential Street Address 74 REGENCY HILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation SALES ANALYST		Name of Employer BANK OF AMERICA			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name RINALDI		First SALVATORE		MI	Contribution ID # 0071
Residential Street Address 83 FIUME ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name BIELLO		First MIKE		MI	Contribution ID # 0072
Residential Street Address 99 BRYEN RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name ZURLO		First JOHN		MI	Contribution ID # 0073
Residential Street Address 26 BURNHAM STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Last Name FUSCO		First ANTHONY		MI	Contribution ID # 0074
Residential Street Address 192 BUNKER HILL RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Last Name BIELLO		First NICHOLAS		MI	Contribution ID # 0075
Residential Street Address 335 BUCKINGHAM ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
<b>SUBTOTAL Section B — This Page</b>				<b>15</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAAP PG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First MARIO		MI	Contribution ID # 0076
Residential Street Address 104 COLONIAL STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation OWNER		Name of Employer MARIO AUTO			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Amount of Contribution 5					
Last Name DISTASI		First TERESA		MI	Contribution ID # 0077
Residential Street Address 45 MAPLE AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Amount of Contribution 5					
Last Name DISTASI		First JOE		MI	Contribution ID # 0078
Residential Street Address 45 MAPLE AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Amount of Contribution 5					
<b>SUBTOTAL Section B — This Page</b>					15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DUMAINE		First MICHAEL		MI	Contribution ID # 0079
Residential Street Address 269 TARBELL AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation SALES		Name of Employer SULLIVAN HONDA			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name SINOPOLI		First EMILIO		MI	Contribution ID # 0080
Residential Street Address 412 CONCORD DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation LANDSCAPER		Name of Employer SELF - BENEDICT SILVERMAN <i>dm</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name SINOPOLI		First GRACE		MI	Contribution ID # 0081
Residential Street Address 412 CONCORD DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation SECRETARY		Name of Employer MEDICAL SCOVIL			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				I + SAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DISISTO		First BRUNO		MI	Contribution ID # 0082
Residential Street Address 1404 BUCKINGHAM ST		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation CABINET MAKER		Name of Employer SELF / Bruno's Custom Kitchens			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name DISISTO		First MARY		MI	Contribution ID # 0083
Residential Street Address 1404 BUCKINGHAM ST		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name MONTI		First CATHY		MI	Contribution ID # 0084
Residential Street Address 57 BEARDSLEY AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					<b>15</b>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISA*FP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name ZAPPONE		First CHRISTINA		MI	Contribution ID # 0085
Residential Street Address 53 MORELAND AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation PROCESS LEADER		Name of Employer SIEMON CO.			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Last Name DISTASI		First MARIA		MI	Contribution ID # 0086
Residential Street Address 53 MORELAND AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
Last Name MONTI		First MARINO		MI	Contribution ID # 0087
Residential Street Address 57 BEARDSLEY AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	
				Aggregate Contributions 5	
<b>SUBTOTAL Section B — This Page</b>				<b>15</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II 5A A F P G	
<b>B. Itemized Contributions from Individuals</b>					
Last Name POLLETTA		First GIUSEPPE		MI	Contribution ID # 0088
Residential Street Address 262 TUCKER AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation ELECTRICIAN			Name of Employer PJ ELECTRIC		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 100
Last Name DISTASI		First SEBASTIAN		MI	Contribution ID # 0089
Residential Street Address 53 MORELAND AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED			Name of Employer SELF		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name POLLETTA		First LINDA		MI	Contribution ID # 0090
Residential Street Address 262 TUCKER AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation UNEMPLOYED			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 100
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 100
<b>SUBTOTAL Section B — This Page</b>					<b>205</b>



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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				HISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First MARIA		MI	Contribution ID # 0091
Residential Street Address 66 GOLFVIEW DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation ACCOUNTANT		Name of Employer 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 100
Last Name GUERRERA		First ROBERT		MI	Contribution ID # 0092
Residential Street Address 566 GOLFVIEW DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation SANITARIAN		Name of Employer TOWN OF FAIRFIELD			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 100
Last Name MCCARTHY		First ROBERT		MI	Contribution ID # 0093
Residential Street Address 44 HAMILTON AVENUE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 100
<b>SUBTOTAL Section B — This Page</b>				300	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name MANCINI		First MARIO		MI	Contribution ID # 0094
Residential Street Address 517 CHERRY AVENUE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation CONTRACTOR		Name of Employer MANCINI BROTHERS CONSTRUCTION			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 100
Amount of Contribution 100					
Last Name DEMIRS		First KEN		MI	Contribution ID # 0095
Residential Street Address 312 OAK DRIVE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation REALTOR		Name of Employer WESTVIEW PROPERTIES			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 20
Amount of Contribution 20					
Last Name AYOUB		First KIMBERLY		MI	Contribution ID # 0096
Residential Street Address 546 MT FAIR DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation REALTOR		Name of Employer WESTVIEW PROPERTIES			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 10
Amount of Contribution 10					
<b>SUBTOTAL Section B — This Page</b>					130

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
CABRAL		DAWN			0097
Residential Street Address		City		State	Zip Code
464 MT FAIR DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
BROKER		WESTVIEW PROPERTIES			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	10
Last Name		First		MI	Contribution ID #
CABRAL		DEAN			0098
Residential Street Address		City		State	Zip Code
464 MT FAIR DRIVE		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
UNEMPLOYED					
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	10
Last Name		First		MI	Contribution ID #
DEMIRS		PAMELA			0099
Residential Street Address		City		State	Zip Code
45 PHILLIPS DR		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
AVP CLOSING MANAGER		WILLIAM RAVEIS MORTGAGE			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 5, 2014	10
SUBTOTAL Section B — This Page				30	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				ISSAATPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name MARTERE		First ANN		MI	Contribution ID # 0100
Residential Street Address 148 NORTHWEST DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation REALTOR		Name of Employer 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:		Yes <input type="radio"/> No <input checked="" type="radio"/> <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 5
Last Name COSMOS		First SHERRY		MI	Contribution ID # 0101
Residential Street Address 105 BEACH AVE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation		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:		Yes <input type="radio"/> No <input checked="" type="radio"/> <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 10
Last Name DEMIRS		First DAVID		MI	Contribution ID # 0102
Residential Street Address 45 PHILLIPS DR		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation PLUMBER		Name of Employer GUARDIAN SERVICES			
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:		Yes <input type="radio"/> No <input checked="" type="radio"/> <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 5, 2014	Aggregate Contributions 10
SUBTOTAL Section B — This Page					25

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name CAVALLO		First VITO		MI	Contribution ID # 0103 : : :
Residential Street Address 94 OLD FARMS RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation BAKERY		Name of Employer GINA MARIE BAKERY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 10	8 Yes No
Last Name RUSS		First JAMIE		MI	Contribution ID # 0104 : : :
Residential Street Address 105 BEACH AVE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation UNEMPLOYED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 5	8 Yes No
Last Name LOMBARD		First LISA		MI	Contribution ID # 0105 : : :
Residential Street Address 97 BUCKWHEAT HILL RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation OFFICE		Name of Employer LOMBARD GROUP			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 100	8 Yes No
<b>SUBTOTAL Section B — This Page</b>				<b>115</b>	

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

**B. Itemized Contributions from Individuals**

Last Name SARANDREA	First SABRA	MI	Contribution ID # 0106
Residential Street Address 21 EMILE AVE	City OAKVILLE	State CT	Zip Code 06779

Principal Occupation RETIREED		Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount of Contribution 50			
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 50

Last Name SARANDREA	First ENRICO	MI	Contribution ID # 0107
Residential Street Address 21 EMILE AVENUE	City OAKVILLE	State CT	Zip Code 06779

Principal Occupation REAL ESTATE INVESTOR		Name of Employer SELF	
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount of Contribution 50			
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 50

Last Name LOMBARD	First JOHN	MI	Contribution ID # 0108
Residential Street Address 97 BUCKWHEAT HILL RD	City WATERTOWN	State CT	Zip Code 06795

Principal Occupation REAL ESTATE INVESTOR		Name of Employer LOMBARD GROUP	
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount of Contribution 100			
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 5, 2014	Aggregate Contributions 100

SUBTOTAL Section B — This Page	200
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name RINALDI		First ELEANORE		MI	Contribution ID # 0109 : : :
Residential Street Address 55 SAUNDERS AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name RINALDI		First PAUL		MI	Contribution ID # 0110 : : :
Residential Street Address 55 SAUNDERS AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name POPE		First DEBORAH		MI	Contribution ID # 0111 : : :
Residential Street Address 85 NORTHWEST DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation CASE MANAGER		Name of Employer C.H.N.C.T.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 100
<b>SUBTOTAL Section B — This Page</b>					<b>110</b>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
FRAGEAU		JOANN			0112 .....
Residential Street Address		City		State	Zip Code
31 SLADE AVENUE		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
ACCOUNTANT		ACME AUTO LEASING LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 6, 2014	10
					10
Last Name		First		MI	Contribution ID #
FRAGEAU		GEORGE			0113 .....
Residential Street Address		City		State	Zip Code
31 SLADE AVENUE		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
TECHNICIAN		AT@T			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 6, 2014	10
					10
Last Name		First		MI	Contribution ID #
POPE		DAVID			0114 .....
Residential Street Address		City		State	Zip Code
85 NORTHWEST DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
ESTIMATOR		COCCHIOLA PAVING			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 6, 2014	100
					100
SUBTOTAL Section B — This Page					120



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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
FRIENDS OF JOE POLLETTA			IISAAP6	
<b>B. Itemized Contributions from Individuals</b>				
Last Name ROSA		First GIUSEPPE	MI	Contribution ID # 0115
Residential Street Address 7 SPRUCEWOOD RD		City WATERTOWN	State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No		10
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 6, 2014	Aggregate Contributions 10
Last Name ROSA		First ENZA	MI	Contribution ID # 0116
Residential Street Address 7 SPRUCEWOOD RD		City WATERTOWN	State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No		10
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 6, 2014	Aggregate Contributions 10
Last Name DIBONE		First LUCIO	MI	Contribution ID # 0117
Residential Street Address 46 SOUTHVIEW DR		City WATERTOWN	State CT	Zip Code 06795
Principal Occupation PLUMBER		Name of Employer SELF / Interstate Mechanical		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No		50
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 6, 2014	Aggregate Contributions 50
SUBTOTAL Section B — This Page				70

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				JISAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name WALTON		First JACK		MI	Contribution ID # 0118
Residential Street Address 39 PHILLIPS DR		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	
				Aggregate Contributions 5	
Amount of Contribution 5					
Last Name WALTON		First IRENE		MI	Contribution ID # 0119
Residential Street Address 30 PHILLIPS DR		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	
				Aggregate Contributions 5	
Amount of Contribution 5					
Last Name GUERRERA		First BIAGGINA		MI	Contribution ID # 0120
Residential Street Address 329 MIDDLEBURY RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	
				Aggregate Contributions 5	
Amount of Contribution 5					
<b>SUBTOTAL Section B — This Page</b>					15

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISA AFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name REESER		First JAMES		MI	Contribution ID # 0121
Residential Street Address 24 BEARDSLEY AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation METAL SALES		Name of Employer SELF Meyer Enterprises 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014 Aggregate Contributions 5	
Last Name RIMICK		First JUDITH		MI	Contribution ID # 0122
Residential Street Address 256 OLD FARMS RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014 Aggregate Contributions 5	
Last Name PETTA		First MICHAEL		MI	Contribution ID # 0123
Residential Street Address 38 FLINTLOCK RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation INVESTMENT ANALYST		Name of Employer HARTFORD INVESTMENT MANAGEMENT			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 25	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014 Aggregate Contributions 25	
<b>SUBTOTAL Section B — This Page</b>				35	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IFSAATP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First ANTONIO		MI	Contribution ID # 0124
Residential Street Address 260 TUCKER AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 100
Last Name GUERRERA		First PATRICIA		MI	Contribution ID # 0125
Residential Street Address 260 TUCKER AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 100
Last Name MANCINI		First DONATO		MI	Contribution ID # 0126
Residential Street Address 88 FIUME ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation LABORER		Name of Employer DI MECO			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>				205	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DISTASI		First LISA		MI	Contribution ID # 0127
Residential Street Address 70 LAKEVIEW DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation SECRETARY		Name of Employer SCOVILL MEDICAL GROUP			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name FERRUCCI		First ROSETTA		MI	Contribution ID # 0128
Residential Street Address 30 SLADE AVENUE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation DEPARTMENT ASSISTANT		Name of Employer WATERBURY HOSPITAL			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name BARBAGALLO		First CESAR		MI	Contribution ID # 0129
Residential Street Address 67 TEDESCO DRIVE		City WATERBURY		State CT	Zip Code 06708
Principal Occupation UNEMPLOYED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name MANCINI		First JOE		MI	Contribution ID # 0130
Residential Street Address 183 PLAINFIELD DR		City OAKVILLE		State CT	Zip Code 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name LOI		First GIOVANNA		MI	Contribution ID # 0131
Residential Street Address 195 NEILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation ACCOUNTANT		Name of Employer DELOITTE TAX 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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name RIMICK		First WILLIAM		MI	Contribution ID # 0132
Residential Street Address 256 OLD FARMS RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
SUBTOTAL Section B — This Page				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name BROWN		First JESSICA		MI	Contribution ID # 0133 : : :
Residential Street Address 348 LOVLEY DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation EXECUTIVE ASST TO CEO		Name of Employer WELLMORE INC			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name DISTASI		First DIANA		MI	Contribution ID # 0134 : : :
Residential Street Address 70 LAKEVIEW DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation ADMINISTRATIVE ASSISTANT		Name of Employer ACME AUTO LEASING			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name TESTA-ZEZIMA		First MARY JO		MI	Contribution ID # 0135 : : :
Residential Street Address 338 RIVERSIDE AVE		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation UNEMPLOYED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				LISA AAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name MANCINI		First JOSEPH		MI	Contribution ID # 0136
Residential Street Address 183 PLAINFIELD DR		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation PUBLIC WORKS WORKER		Name of Employer CITY OF WATERBURY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name D'ABATE		First PIETRO		MI	Contribution ID # 0137
Residential Street Address 404 NEILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIREED		Name of Employer SELF			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 6, 2014	Aggregate Contributions 5
Last Name SALVATORE		First GIUSSEPINA		MI	Contribution ID # 0138
Residential Street Address 1085 HAMILTON AVENUE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIREED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					<b>15</b>



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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IIISAAFP6

**B. Itemized Contributions from Individuals**

Last Name MANCINI	First MARIO	MI	Contribution ID # 0139
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Residential Street Address 338 WHISPERING HILL RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation JANITOR	Name of Employer TOWN OF WATERTOWN
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Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 7, 2014	Aggregate Contributions 5
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Last Name MANCINI	First ALDA	MI	Contribution ID # 0140
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Residential Street Address 338 WHISPERING HILL RD	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation COOK	Name of Employer CITY OF WATERTBURY
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Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 7, 2014	Aggregate Contributions 5
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Last Name RINALDI	First NICOLINA	MI	Contribution ID # 0141
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Residential Street Address 131 NEILL DR	City WATERTOWN	State CT	Zip Code 06795
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Principal Occupation CNC MACHINE SET UP OPERATOR	Name of Employer UTC
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Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 5
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Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	Date Received May 7, 2014	Aggregate Contributions 5
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SUBTOTAL Section B — This Page	15
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
FRIENDS OF JOE POLLETTA	IISAATPG

**B. Itemized Contributions from Individuals**

Last Name ZEZIMA	First MARIO	MI	Contribution ID # 0142 : : :
Residential Street Address 338 RIVERSIDE ST	City OAKVILLE	State CT	Zip Code 06779

Principal Occupation LANDSCAPER	Name of Employer SELF / ZEZIMA LANDSCAPING
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card
Date Received May 7, 2014	Aggregate Contributions 5

Last Name SALOMONE	First NICOLA	MI	Contribution ID # 0143 : : :
Residential Street Address 190 LEDGEWOOD RD	City WATERTOWN	State CT	Zip Code 06795

Principal Occupation RETIRED	Name of Employer
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card
Date Received May 7, 2014	Aggregate Contributions 5

Last Name DEANGELIS	First KEVIN	MI	Contribution ID # 0144 : : :
Residential Street Address 35 ZOAR AVE	City OAKVILLE	State CT	Zip Code 06779

Principal Occupation WELDER	Name of Employer EATON
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card
Date Received May 7, 2014	Aggregate Contributions 5

SUBTOTAL Section B — This Page	15
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II SAATP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DUMAINE		First CATHERINE		MI	Contribution ID # 0145
Residential Street Address 338 RIVERSIDE ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation PRE K TEACHER		Name of Employer TLC LEARNING CENTER AND DAYCARE			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	
				Aggregate Contributions 5	
Last Name GUERRERA		First JOHN		MI	Contribution ID # 0146
Residential Street Address 79 NORTHWEST DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation MANAGER		Name of Employer TOWN OF FORESTVILLE			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	
				Aggregate Contributions 5	
Last Name GUERRERA		First MARIA		MI	Contribution ID # 0147
Residential Street Address 22 EASTWOOD HALL RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation COSTCO		Name of Employer SALES			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	
				Aggregate Contributions 5	
<b>SUBTOTAL Section B — This Page</b>				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				JISAATPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First NATALINA		MI	Contribution ID # 0148
Residential Street Address 112 NORTHFIELD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation UNEMPLOYED		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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name GUERRERA		First JOHN		MI	Contribution ID # 0149
Residential Street Address 371 NEILL DRIVE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
Last Name GUERRERA		First DONATO		MI	Contribution ID # 0150
Residential Street Address 22 EASTWOOD HALL RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation CUSTODIAN		Name of Employer TAFT SCHOOL			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
SUBTOTAL Section B — This Page					20

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISA AFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First ESTERNA		MI	Contribution ID # 0151
Residential Street Address 371 NEILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
Last Name GUERRERA		First SHELLEY		MI	Contribution ID # 0152
Residential Street Address 79 NORTHWEST DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RN		Name of Employer VNA WATERTOWN			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name ADDONA		First DELIA		MI	Contribution ID # 0153
Residential Street Address 429 CONCORD DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation NURSE		Name of Employer WATERBURY HOSPITAL			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 50
<b>SUBTOTAL Section B — This Page</b>				65	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name RAZZ		First ANDREW		MI	Contribution ID # 0154
Residential Street Address 17 PARTRIDGE CT		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation BANQUET MANAGER		Name of Employer LA BELLA VISTA			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 50	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 50
Last Name GUERRERA		First ANTONIO		MI	Contribution ID # 0155
Residential Street Address 73 KIMBERLY DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation DIRECTOR OF ENGINEERING		Name of Employer STEWART EFI			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 25	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 25
Last Name ADDONA		First TONY		MI	Contribution ID # 0156
Residential Street Address 429 CONCORD DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation FOREMAN		Name of Employer DRS			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 50	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 50
<b>SUBTOTAL Section B — This Page</b>					125

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name DIPRIMIO		First MARYANNE		MI	Contribution ID # 0157
Residential Street Address 202 LEDGEWOOD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation R.N.		Name of Employer WATERBURY HOSPITAL			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name GUERRERA		First LOUISE		MI	Contribution ID # 0158
Residential Street Address 73 KIMBERLY DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation NUTRITIONIST		Name of Employer APPLE REHAB			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 25
Last Name DIPRIMIO		First JOHN		MI	Contribution ID # 0159
Residential Street Address 202 LEDGEWOOD RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>					<b>35</b>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name CIPRIANO		First MARIO		MI	Contribution ID # 0160 : : :
Residential Street Address 19 CAROLA DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation AUTO TECH		Name of Employer MEZZIO AUTO			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name GUERRERA		First MENNATO		MI	Contribution ID # 0161 : : :
Residential Street Address 156 OLD COLONY DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer APPLE REHAB			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name GREGORY		First JAMES		MI	Contribution ID # 0162 : : :
Residential Street Address 145 BUCKINGHAM ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
<b>SUBTOTAL Section B — This Page</b>				15	



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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
BORDIER		SALVATORE			0163
Residential Street Address		City		State	Zip Code
15 SPRUCEWOOD RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
BARBER		SELF / SALVATORE'S BARBERSHOP			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution:		Date Received	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 7, 2014	
				Aggregate Contributions	
				10	
				10	
Last Name		First		MI	Contribution ID #
SALOMONE		ANGELA			0164
Residential Street Address		City		State	Zip Code
190 LEDGEWOOD RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
PSYCHIATRIC TECHNICIAN		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:		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution:		Date Received	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 7, 2014	
				Aggregate Contributions	
				5	
				5	
Last Name		First		MI	Contribution ID #
SALOMONE		VITTORIA			0165
Residential Street Address		City		State	Zip Code
190 LEDGEWOOD RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
PATIENT CARE ASSOCIATE		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:		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Executive <input type="radio"/> Legislative				Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution:		Date Received	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 7, 2014	
				Aggregate Contributions	
				5	
				5	
<b>SUBTOTAL Section B — This Page</b>					<b>20</b>

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAF P6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name LOI		First SALVATORE		MI	Contribution ID # 0166
Residential Street Address 205 NEILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name LOI		First PASQUALINA		MI	Contribution ID # 0167
Residential Street Address 205 NEILL DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name ORSINI		First DONATO		MI	Contribution ID # 0168
Residential Street Address 938 ECHO LAKE RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
SUBTOTAL Section B — This Page				15	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAF PG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
DISTASI		ANGELA			0169
Residential Street Address		City		State	Zip Code
70 LAKEVIEW DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
CATERER		DISTASI CATERING			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 7, 2014	5
Last Name		First		MI	Contribution ID #
YAMIN		JOSEPH			0170
Residential Street Address		City		State	Zip Code
394 WATERTOWN RD		MIDDLEBURY		CT	06762
Principal Occupation		Name of Employer			
ATTORNEY		YAMIN & GRANT LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 7, 2014	100
Last Name		First		MI	Contribution ID #
PESCE		SALVATORE			0171
Residential Street Address		City		State	Zip Code
1502 STRAITS TPKE		MIDDLEBURY		CT	06762
Principal Occupation		Name of Employer			
BUILDER		PESCE CONSTRUCTION			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
				May 7, 2014	100
SUBTOTAL Section B — This Page				205	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IIS AAFPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name PERUGINI		First LISA		MI	Contribution ID # 0172
Residential Street Address 22 KENT TERRACE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation REALTOR		Name of Employer WESTVIEW PROPERTIES			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
Last Name LAROSA		First DELORES		MI	Contribution ID # 0173
Residential Street Address 69 VAN ORMAN ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
Last Name SACCHI		First LOIS		MI	Contribution ID # 0174
Residential Street Address 320 GEORGETOWN DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 15
<b>SUBTOTAL Section B — This Page</b>				<b>35</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISA AFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name ALBINO		First CHERYL		MI	Contribution ID # 0175
Residential Street Address 346 GEORGETOWN DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation REALTOR		Name of Employer SHOWCASE REALTY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name MANCINI		First LUIGI		MI	Contribution ID # 0176
Residential Street Address 57 CAROLA DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation INFRASTRUCTURE ARCHITECT		Name of Employer WELLPOINT			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 20	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 20
Last Name SACCHI		First GEORGE		MI	Contribution ID # 0177
Residential Street Address 320 GEORGETOWN DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 25	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 25
<b>SUBTOTAL Section B — This Page</b>					50

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name PAWLAK		First JOSEPH		MI	Contribution ID # 0178
Residential Street Address 173 MIDDLEBURY RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 100
Last Name PERUGINI		First NICK		MI	Contribution ID # 0179
Residential Street Address 903 BUCKINGHAM ST		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation CARPENTER		Name of Employer HARD ROCK DEVELOPMENT			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 100	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 100
Last Name RUSSOLILLO		First JANINE		MI	Contribution ID # 0180
Residential Street Address 112 RIVERSIDE ST		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation SECRETARY AND REALTOR		Name of Employer SHOWCASE REALTY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
<b>SUBTOTAL Section B — This Page</b>					210

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				LISA A FPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
GARASSINO		MICHAEL			0181
Residential Street Address		City		State	Zip Code
66 FLINTLOCK RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
EXCAVATING CONTRACTOR		GARASSINO EXCAVATING CO. INC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				100	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution:	Date Received	Aggregate Contributions	
		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	May 7, 2014	100	
Last Name		First		MI	Contribution ID #
BORRELLI		ANGELA			0182
Residential Street Address		City		State	Zip Code
50 WEST MEADOWS RD		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
UNDERWRITER		CONTINENTAL AGENCY			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				50	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution:	Date Received	Aggregate Contributions	
		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	May 7, 2014	50	
Last Name		First		MI	Contribution ID #
RUSSOLILLO		CARMEN			0183
Residential Street Address		City		State	Zip Code
112 RIVERSIDE ST		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
MEAT CUTTER		STOP & SHOP			
Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				10	
Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #:		Method of Contribution:	Date Received	Aggregate Contributions	
		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card	May 7, 2014	10	
<b>SUBTOTAL Section B — This Page</b>					160

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name GUERRERA		First GIUSEPPE		MI	Contribution ID # 0184
Residential Street Address 61 DEERFIELD LANE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation OWNER		Name of Employer CARVEL/G'S BURGERS NAUGATUCK			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 50  Amount of Contribution 50
Last Name BORRELLI		First DENISE		MI	Contribution ID # 0185
Residential Street Address 50 WEST MEADOWS RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation PRESIDENT		Name of Employer CONTINENTAL AGENCY			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10  Amount of Contribution 10
Last Name TSIOFLIKIS		First GLORIA		MI	Contribution ID # 0186
Residential Street Address 400 KIMBERLY LANE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation OWNER		Name of Employer G'S BURGERS			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 100  Amount of Contribution 100
<b>SUBTOTAL Section B — This Page</b>					160



Section B. ADDITIONAL PAGE 62 of 65

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAATPG	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
TSIOFILKIS		CHRYSOULA			0187
Residential Street Address		City		State	Zip Code
191 LOVLEY DR		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
MANAGER		G'S BURGERS			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution: 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Yes <input type="radio"/> No				May 7, 2014	100
Last Name		First		MI	Contribution ID #
GANCHER		DYRAK			0188
Residential Street Address		City		State	Zip Code
43 RUSSELL AVE		OAKVILLE		CT	06779
Principal Occupation		Name of Employer			
OWNER		CARVEL / G'S BURGERS <i>8m 3/14/14</i>			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution: 50	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Yes <input type="radio"/> No				May 7, 2014	50
Last Name		First		MI	Contribution ID #
TSIOFLIKIS		GEORGE			0189
Residential Street Address		City		State	Zip Code
400 KIMBERLY LANE		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
OWNER		CARVEL			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution: 100	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Yes <input type="radio"/> No				May 7, 2014	100
<b>SUBTOTAL Section B — This Page</b>					250

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name VERDURA		First MARIA		MI	Contribution ID # 0190
Residential Street Address 50 HEATH STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation BANKER		Name of Employer WACHOVIA BANK			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name VERDURA		First LUCIANO		MI	Contribution ID # 0191
Residential Street Address 50 HEATH STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 5	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name RINALDI		First MICHELE		MI	Contribution ID # 0192
Residential Street Address 225 OLD COLONY DR		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIRED		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No Amount of Contribution 10	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
<b>SUBTOTAL Section B — This Page</b>					20

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				II S A A F P G	
<b>B. Itemized Contributions from Individuals</b>					
Last Name D'ADDONA		First GIOVANNI		MI	Contribution ID # 0193
Residential Street Address 117 EVELYN STREET		City OAKVILLE		State CT	Zip Code 06779
Principal Occupation RETIREO		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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name WOZNAK		First PAUL		MI	Contribution ID # 0194
Residential Street Address 354 OAK DRIVE		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation RETIREO		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:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 5
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 5
Last Name RINALDI		First BENJAMIN		MI	Contribution ID # 0195
Residential Street Address 593 WOODBURY RD		City WATERTOWN		State CT	Zip Code 06795
Principal Occupation Purchaser		Name of Employer BAYER			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No Amount of Contribution 10
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		Date Received May 7, 2014	Aggregate Contributions 10
<b>SUBTOTAL Section B — This Page</b>					<b>20</b>

## Section B. ADDITIONAL PAGE

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				JISAAP6	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	Contribution ID #
PATERNOSTRO		FRANK			196 : : :
Residential Street Address		City		State	Zip Code
349 FRENCH STREET		WATERTOWN		CT	06795
Principal Occupation		Name of Employer			
SALES		CURTISS RYAN HONDA			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Executive <input type="radio"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card		May 7, 2014	5
Last Name		First		MI	Contribution ID #
					: : :
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Executive <input type="radio"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card			
Last Name		First		MI	Contribution ID #
					: : :
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Executive <input type="radio"/> Legislative		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>		Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Money Order <input type="radio"/> Credit/Debit Card			
<b>SUBTOTAL Section B — This Page</b> 5					

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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Commission)</i>						<b>TYPE OF REPORT</b>	
FRIENDS OF JOE POLLETTA						IISAAFPG	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address				Date Received		Amount of Receipt	
City		State	Zip Code	8 Reimbursement for shared expense Payment for goods and services			
Name of Committee				Name of Treasurer			
Address				Date Received		Amount of Receipt	
City		State	Zip Code	8 Reimbursement for shared expense Payment for goods and services			
<b>SUBTOTAL Section C — This Page</b>						0	
<b>TOTAL of additional Section C Pages</b>						0	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 15 of Summary Page Totals)</i>						0	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
FRIENDS OF JOE POLLETTA					ISAAFPG	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received	
Street Address		City		State		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received	
Street Address		City		State		
<b>TOTAL SECTION D</b>						
<b>E. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i></b>						
Date of Receipt	Method of Payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card				Amount	
Date of Receipt	Method of Payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card				Amount	
Date of Receipt	Method of Payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card				Amount	
<b>TOTAL SECTION E</b>					0	
<b>F. Anonymous Contributions</b>						
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.						
<b>G. Interest from Deposits in Authorized Accounts</b>						
Name of Institution			Date Received		Amount	
Street Address		City		State		
Name of Institution			Date Received		Amount	
Street Address		City		State		
<b>TOTAL SECTION G</b>					0	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>					
Purpose of Grant: <input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election	Date Received	Amount		
<input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	<input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election				
<input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	<input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election				
<input type="radio"/> Initial <input type="radio"/> Grant Adjustment <input type="radio"/> Supplemental/Post Election Deficit	<input type="radio"/> Primary <input type="radio"/> General Election <input type="radio"/> Special Election				
<b>TOTAL SECTION H</b> 0					
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name				Date of Transaction	
STATE OF CONNECTICUT				May 14, 2014	
Street Address		City		State	Zip Code
20 TRINITY STREET		HARTFORD		CT	06106
Description				Amount Received	
PENNY TEST				0.05	
Name				Date of Transaction	
				Amount Received	
Street Address		City		State	Zip Code
Description				Amount Received	
				Amount Received	
Street Address		City		State	Zip Code
Description				Amount Received	
				Amount Received	
<b>TOTAL SECTION I</b> 0.05					
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)</b>					
Total Loans Received this Period (Section D)				+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section E)				+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section G)				+	0
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)				+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)				+	0.05
<b>TOTAL OF OTHER MONETARY RECEIPTS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Add Sections D through I) (Enter total on Line 16 of Summary Page Totals)</i>					0.05

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
FRIENDS OF JOE POLLETTA		IISAAFPG	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser      Letter	Description		
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes <i>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.</i> <input type="radio"/> No</div>			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> No</div>			
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes (<i>If yes, enter Total Receipts here.</i>) → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input type="radio"/> No</div>			
Fundraising Event # Date of Fundraiser      Letter	Description		
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes <i>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.</i> <input type="radio"/> No</div>			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> No</div>			
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes (<i>If yes, enter Total Receipts here.</i>) → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input type="radio"/> No</div>			
Fundraising Event # Date of Fundraiser      Letter	Description		
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes <i>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.</i> <input type="radio"/> No</div>			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="radio"/> No</div>			
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="display: flex; justify-content: flex-end;"><input type="radio"/> Yes (<i>If yes, enter Total Receipts here.</i>) → <span style="border: 1px solid black; padding: 2px 20px;">\$</span> <input type="radio"/> No</div>			
<b>SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page</b>			
<b>TOTAL of additional Section J1 Pages</b>		0	
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALE OF DONATED ITEMS</b> <i>(Enter total on Line 17 of Summary Page Totals)</i>		0	



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

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section J2. removed*

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

### J3. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
	Date Received      Event #      Aggregate Value for this Event		

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
	Date Received      Event #      Aggregate Value for this Event		

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
	Date Received      Event #      Aggregate Value for this Event		

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Individual <input type="radio"/> Business Entity <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
	Date Received      Event #      Aggregate Value for this Event		

**SUBTOTAL Section J3 — This Page**

0

**TOTAL of additional Section J3 Pages**

0

**TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS**  
*(Enter total on Line 22 of Summary Page Totals)*

0

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

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

## K. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship	Date Received	Aggregate Contributions		
Name				
Street Address		City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship	Date Received	Aggregate Contributions		
Name				
Street Address		City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	Fair Market Value of this Contribution
Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Sole Proprietorship	Date Received	Aggregate Contributions		
SUBTOTAL Section K — This Page				0
TOTAL of additional Section K Pages				0
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page Totals)				0

## L. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone Company				
Street Address	City	State	Zip Code	
TOTAL SECTION L (Enter total on Line 24 of Summary Page Totals)				0

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48</b>					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>SUBTOTAL Section M — This Page</b>					0
<b>TOTAL of additional Section M Pages</b>					0
<b>TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES</b> <small>(Enter total on Line 25 of Summary Page Totals)</small>					0

## IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>N. Expenses Paid by Committee</b>					
Name of Payee CITIZENS ELECTION FUND			Date of Payment May 18, 2014		Method of Payment: 1,001 8 Check # _____ Debit Card
Street Address 20 TRINITY STREET		City HARTFORD		State CT	Zip Code 06106
Purpose of Expenditure <i>(by code)</i> CEF	Description OVERAGE			Amount 375	
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>			Expenditure # <i>(if applicable)</i>		
Name of Payee DEBORAH POPE			Date of Payment May 18, 2014		Method of Payment: 1,002 8 Check # _____ Debit Card
Street Address 85 NORTHWEST DR		City WATERTOWN		State CT	Zip Code 06795
Purpose of Expenditure <i>(by code)</i> REF	Description REFUND OF CONTRIBUTION			Amount 100	
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>			Expenditure # <i>(if applicable)</i>		
Name of Payee			Date of Payment		Method of Payment: 8 Check # _____ Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>			Expenditure # <i>(if applicable)</i>		
Name of Payee			Date of Payment		Method of Payment: 8 Check # _____ Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>			Expenditure # <i>(if applicable)</i>		
SUBTOTAL Section N — This Page			475		
TOTAL of additional Section N Pages			0		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>			475		

#### IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
FRIENDS OF JOE POLLETTA						IISAAFPG	
O. Expenses Paid by Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		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? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description				Event #		
SUBTOTAL Section O — This Page					0		
TOTAL of additional Section O Pages					0		
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page Totals)					0		

## IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other _____		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; vertical-align: middle;">8</span> Yes No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; vertical-align: middle;">8</span> Yes No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; vertical-align: middle;">8</span> Yes No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; vertical-align: middle;">8</span> Yes No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; vertical-align: middle;">8</span> Yes No		Expenditure # <i>(if applicable)</i>	Event #		
<i>If yes, assign an Expenditure # and complete Itemization in Addendum P</i>					
<b>SUBTOTAL Section P — This Page</b>					0
<b>TOTAL of additional Section P Pages</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b>					0
<i>(Enter total on Line 28 of Summary Page Totals)</i>					

**IV. EXPENDITURES (Sections N — S)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>Q. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; margin-left: 10px;">8</span> Yes No			Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum Q</i>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; margin-left: 10px;">8</span> Yes No			Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum Q</i>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; margin-left: 10px;">8</span> Yes No			Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum Q</i>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="font-size: 1.5em; margin-left: 10px;">8</span> Yes No			Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum Q</i>					
<b>SUBTOTAL Section Q – This Page</b>					0
<b>TOTAL of additional Section Q Pages</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 29 of Summary Page Totals)</i>					0
<b>Previously reported Expenses Unpaid and still Outstanding</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 29a of Summary Page Totals)</i>					0

## IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: 8 Check # _____ 8 Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>		Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: 8 Check # _____ 8 Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>		Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: 8 Check # _____ 8 Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>		Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: 8 Check # _____ 8 Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? 8 Yes 8 No <i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>		Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: 8 Check # _____ 8 Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
SUBTOTAL Section R — This Page		0			
TOTAL of additional Section R Pages		0			
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS		0			



## IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
FRIENDS OF JOE POLLETTA				IISAAFPG	
<b>S. Surplus Distribution of Equipment and Furniture</b>					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
Name of Recipient					
Street Address	City	State	Zip Code	<b>Original Purchase Amount of Item</b>	
Description of Item					
<b>TOTAL SECTION S</b>				0	