

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 408

**COVER PAGE**

|   |  |  |                           |  |                                    |
|---|--|--|---------------------------|--|------------------------------------|
| 1. NAME OF COMMITTEE  |  |  |                           | 2. TYPE OF COMMITTEE   |                                    |
| <b>Srinivasan For Governor</b>  |  |  |                           | <input checked="checked" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                                    |
| 3. TREASURER NAME   |  |  |                           |  |                                    |
| First<br><b>Madhu</b>   |  | MI   | Last<br><b>Reddy</b>      |  | Suffix                             |
| 4. TREASURER ADDRESS  |  |  |                           |  |                                    |
| Street Address<br><b>10-3 Arthur Dr</b>   |  | City<br><b>South Windsor</b>   |                           | State<br><b>CT</b>   | Zip Code<br><b>06074</b>           |
| 5. ELECTION DATE<br><b>11/06/2018</b>   |  | 6. OFFICE SOUGHT (Complete only if Candidate Committee)<br><b>Governor</b> |                           |  | 7. DISTRICT NUMBER (if applicable) |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |  |  |                           |  |                                    |
| First<br><b>Prasad</b>  |  | MI   | Last<br><b>Srinivasan</b> |  | Suffix                             |
| 9. TYPE OF REPORT<br><b>April 10 Filing - Original</b>  |  |  |                           |  |                                    |
| 10. PERIOD COVERED  |  |  |                           |  |                                    |
| Beginning Date                      Ending Date<br><br><b>01/01/2017</b> thru <b>03/31/2017</b>   |  |  |                           |  |                                    |
| 11. CERTIFICATION   |  |  |                           |  |                                    |
| <input checked="checked" type="checkbox"/> 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.     |  |  |                           |  |                                    |
| <b>Electronic Filing</b><br>SIGNATURE   |  | <b>Madhu Reddy</b><br>PRINT NAME OF THE SIGNER                             |                           | <b>04/10/2017 10:43:30AM</b><br>DATE CERTIFIED   |                                    |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes. |  |  |                           |  |                                    |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                      | TYPE OF REPORT             |                       |
|--|----------------------------|-----------------------|
| <b>Srinivasan For Governor</b>   | April 10 Filing - Original |                       |
|  | COLUMN A<br>This Period    | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed  |                            | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                     | <b>\$10,778.89</b>         |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$126,000.00</b>        | <b>\$138,786.00</b>   |
| 15. Receipts from Other Committees (Sections C1 and C2)                                      | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)  | <b>\$0.00</b>              | <b>\$158.26</b>       |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                      | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                             | <b>\$126,000.00</b>        | <b>\$138,944.26</b>   |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)      | <b>\$136,778.89</b>        | <b>\$138,944.26</b>   |
| 20. Expenses Paid by Committee (Section N)   | <b>\$17,801.41</b>         | <b>\$19,966.78</b>    |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | <b>\$118,977.48</b>        | <b>\$118,977.48</b>   |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                     | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                | <b>\$425.00</b>            | <b>\$425.00</b>       |
| 24. In-Kind Contributions Received (Section K)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)                                      | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26. Beginning Loan Balance   | <b>\$0.00</b>              |                       |
| 26a. + Loans Received (Section D)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount   | <b>\$0.00</b>              |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)  | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$0.00</b>              | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$0.00</b>              |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$0.00</b>              |                       |

**I. MONETARY RECEIPTS (Section A-I)**

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                       |  |
| Srinivasan For Governor   |  | April 10 Filing - Original           |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY |  |
|   |  | <b>\$0.00</b>                        |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                                      |  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Connelly  |  | First<br>David  |                             | MI<br>E                             | Contribution ID #<br>0200 |
| Residential Street Address<br>42 Ridge Rd  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Principal  |  | Name of Employer<br>Symmetry Partners, LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/01/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Shankar   |  | First<br>Rohit  |                             | MI<br>N                             | Contribution ID #<br>1201 |
| Residential Street Address<br>775 S Brooksvale Rd  |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Analyst  |  | Name of Employer<br>Oppenheimer and Company   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/01/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Swaminathan   |  | First<br>Gopalaratnam   |                             | MI<br>FL                            | Contribution ID #<br>0212 |
| Residential Street Address<br>7731 Fairgrove Ave   |  | City<br>Windermere  |                             | State<br>FL                         | Zip Code<br>34786         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/02/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Swaminathan</b>   |  | First<br><b>Malini</b>  |                                    | MI   | Contribution ID #<br><b>0213</b> |
| Residential Street Address<br><b>7731 Fairgrove Ave</b>   |  | City<br><b>Windermere</b>   |                                    | State<br><b>FL</b>                         | Zip Code<br><b>34786</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Atkins North America</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/02/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Rita</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0210</b> |
| Residential Street Address<br><b>970 9th St</b>   |  | City<br><b>Lawrenceburg</b>   |                                    | State<br><b>TN</b>                         | Zip Code<br><b>38464</b>         |
| Principal Occupation<br><b>Self</b>   |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/02/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Varthi</b>  |  | First<br><b>Arya</b>  |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>0220</b> |
| Residential Street Address<br><b>648 S Brooksvale Rd</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Doctor</b>   |  | Name of Employer<br><b>Rush Hospitals</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/02/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sweeny</b>  |  | First<br><b>Patrick</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0199</b> |
| Residential Street Address<br><b>27 Willow Brook Dr</b>   |  | City<br><b>Roxbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06783</b>         |
| Principal Occupation<br><b>Principal</b>  |  | Name of Employer<br><b>Symmetry Partners, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Fleming   |  | First<br>Laurence   |                             | MI<br>P                             | Contribution ID #<br>0228 |
| Residential Street Address<br>39 Cart Rd   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Ashvin   |                             | MI<br>A                             | Contribution ID #<br>0221 |
| Residential Street Address<br>11180 Norwich Pl   |  | City<br>Glen Allen  |                             | State<br>VA                         | Zip Code<br>23059         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Ashvin Patel MD PLLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Breen   |  | First<br>Dawn   |                             | MI<br>M                             | Contribution ID #<br>0723 |
| Residential Street Address<br>7 Lyman Rd   |  | City<br>Wolcott   |                             | State<br>CT                         | Zip Code<br>06716         |
| Principal Occupation<br>office supervisor  |  | Name of Employer<br>glenwood systems  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Addessio  |  | First<br>Kim  |                             | MI<br>A                             | Contribution ID #<br>0724 |
| Residential Street Address<br>101 Addison St   |  | City<br>Waterbury   |                             | State<br>CT                         | Zip Code<br>06708         |
| Principal Occupation<br>Corporate Trainer  |  | Name of Employer<br>glenwood systems  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Roberts</b>  |  | First<br><b>Maureen</b>   |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0725</b> |
| Residential Street Address<br><b>40 Hilltop Rd</b>   |  | City<br><b>Naugatuck</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06770</b>         |
| Principal Occupation<br><b>customer Care REp</b>   |  | Name of Employer<br><b>glenwood systems</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Manjola</b>  |  | First<br><b>Mani</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0726</b> |
| Residential Street Address<br><b>56 Charlotte St</b>   |  | City<br><b>Oakville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06779</b>         |
| Principal Occupation<br><b>customer Care REp</b>   |  | Name of Employer<br><b>glenwood systems</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ortiz</b>  |  | First<br><b>Jennifer</b>  |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>0727</b> |
| Residential Street Address<br><b>76 Elmwood Ave</b>  |  | City<br><b>Waterbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06710</b>         |
| Principal Occupation<br><b>customer Care REp</b>   |  | Name of Employer<br><b>glenwood systems</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>McDonald</b>   |  | First<br><b>Marilyn</b>   |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0728</b> |
| Residential Street Address<br><b>279 French St</b>   |  | City<br><b>Watertown</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06795</b>         |
| Principal Occupation<br><b>customer Care REp</b>   |  | Name of Employer<br><b>glenwood systems</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Kallem</b>  | First<br><b>Rakesh</b>   | MI  | Contribution ID #<br><b>1193</b>          |
| Residential Street Address<br><b>16 Misty Cres</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>Software Engineer</b>  | Name of Employer<br><b>Dassult Systems</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/04/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Bakri</b>   | First<br><b>Bharti</b>   | MI<br><b>K</b>  | Contribution ID #<br><b>0223</b>           |
| Residential Street Address<br><b>314 Summertime Rd</b>  | City<br><b>Fayetteville</b>  | State<br><b>NC</b>  | Zip Code<br><b>28303</b>                   |
| Principal Occupation<br><b>Home Maker</b>   | Name of Employer<br><b>Home Maker</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Bakri</b>   | First<br><b>Kamal</b>  | MI<br><b>M</b>  | Contribution ID #<br><b>0224</b>           |
| Residential Street Address<br><b>314 Summertime Rd</b>  | City<br><b>Fayetteville</b>  | State<br><b>NC</b>  | Zip Code<br><b>28303</b>                   |
| Principal Occupation<br><b>Physician</b>  | Name of Employer<br><b>Hem/Onc Associates of Fayetteville</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Rubin</b>   | First<br><b>Burton</b>   | MI<br><b>R</b>  | Contribution ID #<br><b>0217</b>           |
| Residential Street Address<br><b>22 Strawberry Patch Ln</b>   | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06902</b>                   |
| Principal Occupation<br><b>Physician</b>  | Name of Employer<br><b>Self- Old Greenwich Medical Group</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Oshman</b>  |  | First<br><b>Robin</b>   |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>0218</b> |
| Residential Street Address<br><b>101 Long Lots Rd</b>   |  | City<br><b>Westport</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06880</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Dermatology and Dermatologic Surgery</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>MacGregor</b>   |  | First<br><b>Sandra</b>  |                                    | MI<br><b>T</b>                            | Contribution ID #<br><b>0219</b> |
| Residential Street Address<br><b>288 Hollister Way</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/05/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gade</b>  |  | First<br><b>Venkat</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0226</b> |
| Residential Street Address<br><b>33 Calf Pond Ln</b>  |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Finance</b>  |  | Name of Employer<br><b>Tudor</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Wetherell</b>   |  | First<br><b>Brad</b>  |                                    | MI<br><b>A</b>                            | Contribution ID #<br><b>0236</b> |
| Residential Street Address<br><b>3609 Hebron Ave</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/05/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Faxon</b>   |  | First<br><b>David</b>   |                                    | MI   | Contribution ID #<br><b>0229</b> |
| Residential Street Address<br><b>33 Hollister Way</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Balloch</b>   |  | First<br><b>Steven</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0214</b> |
| Residential Street Address<br><b>109 Overshot Dr</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Dentist</b>  |  | Name of Employer<br><b>Steven M. Balloch DDS PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Srivastava</b>  |  | First<br><b>Piyali</b>  |                                    | MI   | Contribution ID #<br><b>0215</b> |
| Residential Street Address<br><b>77 Ladyslipper Ln</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Practice Administrator</b>   |  | Name of Employer<br><b>Amitabh R. Ram, MD. LLC.</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Martin</b>  |  | First<br><b>Robert</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0197</b> |
| Residential Street Address<br><b>109 Dover Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Director of Marketing</b>  |  | Name of Employer<br><b>Symmetry Partners, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bauer</b>  |  | First<br><b>Sarah</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0198</b> |
| Residential Street Address<br><b>37 Millstone Dr</b>   |  | City<br><b>Marlborough</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06447</b>         |
| Principal Occupation<br><b>Account Manager</b>   |  | Name of Employer<br><b>Symmetry Partners, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Banerjee</b>   |  | First<br><b>Saumitra</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0216</b> |
| Residential Street Address<br><b>42 Richmond Ln</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Colon + Rectal Surgeons of Hartford</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Monticciolo</b>  |  | First<br><b>Richard</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0222</b> |
| Residential Street Address<br><b>21 Edward St</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Richard Monticciolo MD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bollepalli</b>   |  | First<br><b>Laxmi</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0233</b> |
| Residential Street Address<br><b>5 Weatherstone</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Home Maker</b>  |  | Name of Employer<br><b>Home Maker</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/08/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shetty</b>  |  | First<br><b>Mala</b>  |                                    | MI   | Contribution ID #<br><b>0225</b> |
| Residential Street Address<br><b>47 Meadow Ridge Rd</b>   |  | City<br><b>Pittsfield</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01201</b>         |
| Principal Occupation<br><b>Home Maker</b>   |  | Name of Employer<br><b>Home Maker</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kasundra</b>  |  | First<br><b>Parshottam</b>  |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0232</b> |
| Residential Street Address<br><b>1294 Old Gate Rd</b>   |  | City<br><b>Northampton</b>  |                                    | State<br><b>PA</b>                         | Zip Code<br><b>18067</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Commonwealth of Pennsylvania</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Perumalla</b>   |  | First<br><b>Lakshmi</b>   |                                    | MI  | Contribution ID #<br><b>0207</b> |
| Residential Street Address<br><b>1 Deer Path</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Application Developer</b>  |  | Name of Employer<br><b>Cigna Healthcare</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/09/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Perumalla</b>   |  | First<br><b>Ram</b>   |                                    | MI  | Contribution ID #<br><b>0208</b> |
| Residential Street Address<br><b>1 Deer Path</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Manager</b>  |  | Name of Employer<br><b>Pfizer</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/09/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Brookes</b>  |  | First<br><b>Ann</b>   |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0237</b> |
| Residential Street Address<br><b>71 Fiske Ln</b>   |  | City<br><b>Westbrook</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06498</b>         |
| Principal Occupation<br><b>Tax Attorney</b>  |  | Name of Employer<br><b>Ann Brookes Attorney at Law</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Girish</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0238</b> |
| Residential Street Address<br><b>20 Lisa Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Girish L. Sharma MD</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ruddat</b>   |  | First<br><b>Michael</b>   |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0191</b> |
| Residential Street Address<br><b>69 Sunny Reach Dr</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Retina Specialist/Physician</b>   |  | Name of Employer<br><b>Retina Consultants, PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Singamsetti</b>  |  | First<br><b>Nageswara</b>   |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>0230</b> |
| Residential Street Address<br><b>20 Lowell Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Retired Professor</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Singamsetti</b>   |  | First<br><b>Andal</b>   |                                    | MI  | Contribution ID #<br><b>0231</b> |
| Residential Street Address<br><b>20 Lowell Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Clerk</b>  |  | Name of Employer<br><b>Manpower, INC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Clarke</b>  |  | First<br><b>Esther</b>  |                                    | MI<br><b>B</b>                            | Contribution ID #<br><b>0234</b> |
| Residential Street Address<br><b>197 Langford Ln</b>  |  | City<br><b>East Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06118</b>         |
| Principal Occupation<br><b>Town of East Hartford Councillor</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Clarke</b>  |  | First<br><b>Charles</b>   |                                    | MI<br><b>H</b>                            | Contribution ID #<br><b>0235</b> |
| Residential Street Address<br><b>197 Langford Ln</b>  |  | City<br><b>East Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06118</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Reddy</b>   |  | First<br><b>Narasimha</b>   |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>0274</b> |
| Residential Street Address<br><b>34 Volpi Rd</b>  |  | City<br><b>Bolton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06043</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Reddy</b>   |  | First<br><b>Nirmala</b>   |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>0275</b> |
| Residential Street Address<br><b>34 Volpi Rd</b>  |  | City<br><b>Bolton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06043</b>         |
| Principal Occupation<br><b>Home Maker</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/10/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Neuwirth</b>  |  | First<br><b>Jerry</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0192</b> |
| Residential Street Address<br><b>19 Brookside Blvd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Ophthalmologist</b>  |  | Name of Employer<br><b>Retina Consultants, PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Packer</b>  |  | First<br><b>Andrew</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0201</b> |
| Residential Street Address<br><b>86 Goodwin Cir</b>   |  | City<br><b>Hartford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Retina Consultants</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Virendra</b>  |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0239</b> |
| Residential Street Address<br><b>36 Castlewood Dr</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>PA</b>   |  | Name of Employer<br><b>Blum Shepiro</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Solairaj</b>  |  | First<br><b>Mani</b>  |                                    | MI   | Contribution ID #<br><b>0240</b> |
| Residential Street Address<br><b>1 Gasek Farms Rd</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mohanti</b>   |  | First<br><b>Annie</b>   |                                    | MI  | Contribution ID #<br><b>0241</b> |
| Residential Street Address<br><b>165 Farmstead Dr</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Financial Advisor</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Anand</b>   |  | First<br><b>Sundaram</b>  |                                    | MI  | Contribution ID #<br><b>0242</b> |
| Residential Street Address<br><b>3 Katherine Way</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>IT Software</b>  |  | Name of Employer<br><b>Voya</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Jayaprasad</b>  |  | First<br><b>Suresh</b>  |                                    | MI  | Contribution ID #<br><b>0243</b> |
| Residential Street Address<br><b>75 Trumbull Ln</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Application Delivery Manager</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jeyaraj</b>   |  | First<br><b>Gerald</b>  |                                    | MI   | Contribution ID #<br><b>0244</b> |
| Residential Street Address<br><b>105 Cody Cir</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Systems Architect</b>  |  | Name of Employer<br><b>ZSL Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Venkata</b>   |  | First<br><b>Kamal Swami</b>   |                                    | MI   | Contribution ID #<br><b>0245</b> |
| Residential Street Address<br><b>1 Oak Hill Farms Rd</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Pharmacy</b>   |  | Name of Employer<br><b>Westown Pharmacy</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Shashidhar</b>  |  | First<br><b>Manasani</b>  |                                    | MI  | Contribution ID #<br><b>0246</b> |
| Residential Street Address<br><b>527 Quarry Brook Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>SA</b>   |  | Name of Employer<br><b>Cognizant</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dusety</b>  |  | First<br><b>Ram</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0247</b> |
| Residential Street Address<br><b>4 Cassotta Ln</b>  |  | City<br><b>Suffield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vikranth</b>   |  | First<br><b>Suryadevara</b>   |                                    | MI   | Contribution ID #<br><b>0248</b> |
| Residential Street Address<br><b>41 Highland Ave</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>IT Specialist</b>   |  | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Subramanian</b>  |  | First<br><b>Vishwanath</b>  |                                    | MI  | Contribution ID #<br><b>0249</b> |
| Residential Street Address<br><b>115 Harris Dr</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Vice President</b>  |  | Name of Employer<br><b>Verscend Technologies</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Srinivasan</b>   |  | First<br><b>G.V.</b>  |                                    | MI  | Contribution ID #<br><b>0250</b> |
| Residential Street Address<br><b>64 Loomis Rd</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Research Scientist</b>  |  | Name of Employer<br><b>UTC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kuru</b>   |  | First<br><b>Ranjit</b>  |                                    | MI   | Contribution ID #<br><b>0251</b> |
| Residential Street Address<br><b>127 Homestead Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Kotumraju</b>  | First<br><b>Hanumanth</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>0252</b>          |
| Residential Street Address<br><b>6 Porter Grn</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>IT Consultant</b>   | Name of Employer<br><b>The Hartford</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$75.00</b> |
|  |  | Amount of Contribution<br><b>\$75.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Gerald</b>   | First<br><b>Secunda</b>  | MI<br><b>P</b>  | Contribution ID #<br><b>0253</b>           |
| Residential Street Address<br><b>105 Cody Cir</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                   |
| Principal Occupation<br><b>Home Maker</b>  | Name of Employer<br><b>Home Maker</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Masurkar</b>   | First<br><b>Sadanand</b>   | MI<br><b></b>   | Contribution ID #<br><b>0254</b>          |
| Residential Street Address<br><b>72 Gilbert Ln</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Software Engineer</b>   | Name of Employer<br><b>GSG</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Mohapatra</b>  | First<br><b>Tapas</b>  | MI<br><b></b>   | Contribution ID #<br><b>0255</b>          |
| Residential Street Address<br><b>915 Strong Rd</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>IT Consultants</b>  | Name of Employer<br><b>Cox</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$40.00</b> |
|  |  | Amount of Contribution<br><b>\$40.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bhattacharuya</b>   |  | First<br><b>Anirudha</b>  |                                    | MI  | Contribution ID #<br><b>0256</b> |
| Residential Street Address<br><b>74 Windermere Village Rd</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Program Manager Software</b>   |  | Name of Employer<br><b>Accenture LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Subbaraman</b>  |  | First<br><b>Vijayakumar</b>   |                                    | MI  | Contribution ID #<br><b>0257</b> |
| Residential Street Address<br><b>114 Kingsley Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Aetna Inc</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rao</b>   |  | First<br><b>Krishnamurthy</b>   |                                    | MI<br><b>B</b>                            | Contribution ID #<br><b>0258</b> |
| Residential Street Address<br><b>178 Trumbull Ln</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |  | Name of Employer<br><b>The Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mohanty</b>   |  | First<br><b>Soumya</b>  |                                    | MI  | Contribution ID #<br><b>0259</b> |
| Residential Street Address<br><b>32 Chapin St</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Sales Manager</b>  |  | Name of Employer<br><b>VLINK INC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Verma   |  | First<br>Parmesh  |                             | MI                                 | Contribution ID #<br>0260 |
| Residential Street Address<br>2-4 Foncine Ln   |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>Engineer   |  | Name of Employer<br>VRTC  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>01122017A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/12/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Nagarajaswamy   |  | First<br>Harsha   |                             | MI<br>V                             | Contribution ID #<br>0261 |
| Residential Street Address<br>14 Florence Way  |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Infrastructure Engineer Manager  |  | Name of Employer<br>Cigna   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>01122017A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/12/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Shiju   |  | First<br>David  |                             | MI                                 | Contribution ID #<br>0262 |
| Residential Street Address<br>18 French Rd   |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>IT Manager   |  | Name of Employer<br>Bob's Discount Furniture  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>01122017A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/12/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Vejendla  |  | First<br>Rajasekhar   |                             | MI                                  | Contribution ID #<br>0263 |
| Residential Street Address<br>22 Natsisky Farm Rd  |  | City<br>South Windsor   |                             | State<br>CT                         | Zip Code<br>06074         |
| Principal Occupation<br>Manager  |  | Name of Employer<br>Infosys   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>01122017A</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/12/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Shekhar</b>  | First<br><b>Prashant</b>   | MI  | Contribution ID #<br><b>0264</b>          |
| Residential Street Address<br><b>27 Bramblebrae</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Ass. Vice President</b>   | Name of Employer<br><b>L&amp;TI</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Gundapwar</b>  | First<br><b>Shrikant</b>   | MI  | Contribution ID #<br><b>0265</b>          |
| Residential Street Address<br><b>35 Blue Spruce Rd</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Lead</b>  | Name of Employer<br><b>The Hartford</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Easwaramoorthy</b>   | First<br><b>Raja</b>   | MI  | Contribution ID #<br><b>0266</b>          |
| Residential Street Address<br><b>68 Cardinal Way</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Sr. Director Engineering</b>  | Name of Employer<br><b>Travelers</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Sajjana</b>  | First<br><b>Karunakar</b>  | MI  | Contribution ID #<br><b>0267</b>          |
| Residential Street Address<br><b>15-1 Arthur Dr</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Software Engineer</b>   | Name of Employer<br><b>Cognizant Technology Solutions</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$40.00</b> |
|  |  | Amount of Contribution<br><b>\$40.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Ballur</b>   | First<br><b>Shivakumar</b>   | MI  | Contribution ID #<br><b>0268</b>          |
| Residential Street Address<br><b>94 Trumball Ln</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>IT Consultatant</b>   | Name of Employer<br><b>Oracle</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Marigowdar</b>   | First<br><b>Basanth</b>  | MI  | Contribution ID #<br><b>0269</b>          |
| Residential Street Address<br><b>83 Lefoil Blvd</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>IT Manager</b>  | Name of Employer<br><b>Cognizant</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>01122017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Rajkumar</b>   | First<br><b>Priya</b>  | MI  | Contribution ID #<br><b>0270</b>           |
| Residential Street Address<br><b>9 Founders Wa</b>   | City<br><b>Colchester</b>  | State<br><b>CT</b>  | Zip Code<br><b>06415</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Priya Tandon MD LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Catania</b>  | First<br><b>Charles</b>  | MI  | Contribution ID #<br><b>0280</b>           |
| Residential Street Address<br><b>20 Dailey Cir</b>   | City<br><b>Vernon</b>  | State<br><b>CT</b>  | Zip Code<br><b>06066</b>                   |
| Principal Occupation<br><b>Consultant</b>  | Name of Employer<br><b>Vestal Marketing</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>01/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bochnik</b>   |  | First<br><b>Walter</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0276</b> |
| Residential Street Address<br><b>19 Partsons Ct .</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Makkenchery</b>   |  | First<br><b>Vijaya</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0273</b> |
| Residential Street Address<br><b>5 Southpond Cir</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Home Maker</b>   |  | Name of Employer<br><b>Home Maker</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sandler</b>   |  | First<br><b>Jeffrey</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0202</b> |
| Residential Street Address<br><b>7 White Oak Ln</b>   |  | City<br><b>Weston</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06883</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Eye Group of CT</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bentivegna</b>  |  | First<br><b>Joseph</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0203</b> |
| Residential Street Address<br><b>817 Mountain Ln</b>  |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Hoyt</b>   |  | First<br><b>Deborah</b>   |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>0147</b> |
| Residential Street Address<br><b>97 Maple Ave</b>  |  | City<br><b>Durham</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06422</b>         |
| Principal Occupation<br><b>Association President and CEO</b>   |  | Name of Employer<br><b>CT Assoc. for Healthcare at Home</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kurlick</b>  |  | First<br><b>Marina</b>  |                                    | MI<br><b>CT</b>                          | Contribution ID #<br><b>0148</b> |
| Residential Street Address<br><b>49 Early Dawn Cir</b>   |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06096</b>         |
| Principal Occupation   |  | Name of Employer<br><b>Muribim Chowdhury MD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rajagopalan</b>  |  | First<br><b>Jayashree</b>   |                                    | MI  | Contribution ID #<br><b>0149</b> |
| Residential Street Address<br><b>162 Paxton Way</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineering Manager</b>   |  | Name of Employer<br><b>Pratt &amp; Whitney</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Lassow</b>   |  | First<br><b>Lewis</b>   |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>0150</b> |
| Residential Street Address<br><b>4R Pine Tree Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Financial Planner</b>   |  | Name of Employer<br><b>Ameriprise</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Katuna</b>  |  | First<br><b>Barret</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0151</b> |
| Residential Street Address<br><b>415 Toll Gate Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Executive Director</b>   |  | Name of Employer<br><b>Sociologists for Women in Society</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kehl</b>  |  | First<br><b>Benjamin</b>  |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0152</b> |
| Residential Street Address<br><b>415 Toll Gate Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Wealth Management</b>  |  | Name of Employer<br><b>Kehl Financial</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thangada</b>  |  | First<br><b>Srinivas</b>  |                                    | MI   | Contribution ID #<br><b>0153</b> |
| Residential Street Address<br><b>28 Brentwood Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>CPA</b>  |  | Name of Employer<br><b>PWC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vithala</b>   |  | First<br><b>Rama</b>  |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>0154</b> |
| Residential Street Address<br><b>15 S Ridge Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation  |  | Name of Employer  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sarma</b>  |  | First<br><b>Akella</b>  |                                    | MI   | Contribution ID #<br><b>0155</b> |
| Residential Street Address<br><b>254 Talcott Notch Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Hartford Health Care</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sarma</b>  |  | First<br><b>Lakshmi</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0156</b> |
| Residential Street Address<br><b>254 Talcott Notch Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Central Connecticut Pathology Consultants</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Subbarao</b>   |  | First<br><b>Bollepalli</b>  |                                    | MI   | Contribution ID #<br><b>0157</b> |
| Residential Street Address<br><b>5 Weatherstone</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Advanced Behavioral Health</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kuchibhotla</b>  |  | First<br><b>Ravi</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0158</b> |
| Residential Street Address<br><b>10 Cedar Dr</b>   |  | City<br><b>Bethel</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06801</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>WSB/ Parsons Brinckerhoff</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Kuchibhotla</b>   |  | First<br><b>Rama</b>   |   | MI   | Contribution ID #<br><b>0159</b>              |
| Residential Street Address<br><b>10 Cedar Dr</b>  |  | City<br><b>Bethel</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06801</b>                      |
| Principal Occupation<br><b>Data Analyst</b>   |  |  | Name of Employer<br><b>Retired</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Manickaratnam</b>   |  | First<br><b>Srimathi</b>   |   | MI   | Contribution ID #<br><b>0160</b>              |
| Residential Street Address<br><b>130 W Avon Rd</b>  |  | City<br><b>Avon</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>                      |
| Principal Occupation<br><b>Physician</b>  |  |  | Name of Employer<br><b>Greater Hartford Nephrology</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Ranade</b>  |  | First<br><b>Aruna</b>  |   | MI<br><b>V</b>                             | Contribution ID #<br><b>0161</b>              |
| Residential Street Address<br><b>175 Grandview Dr</b>   |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Homemaker</b>  |  |  | Name of Employer<br><b>Homemaker</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Ranade</b>  |  | First<br><b>Vinay</b>  |   | MI<br><b>R</b>                             | Contribution ID #<br><b>0162</b>              |
| Residential Street Address<br><b>175 Grandview Dr</b>   |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Retired</b>  |  |  | Name of Employer<br><b>Retired</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chowdhury</b>  |  | First<br><b>Muzibul</b>   |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>0163</b> |
| Residential Street Address<br><b>215 Natchaug Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chowdhury</b>  |  | First<br><b>Delwara</b>   |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>0164</b> |
| Residential Street Address<br><b>215 Natchaug Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>N/A</b>   |  | Name of Employer<br><b>N/A</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kavumpurath</b>  |  | First<br><b>Joseph</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0165</b> |
| Residential Street Address<br><b>312 Chamberlin Hwy</b>  |  | City<br><b>Kensington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Financial Advisor</b>   |  | Name of Employer<br><b>Jmk Financial</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kanithi</b>  |  | First<br><b>Usha</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0166</b> |
| Residential Street Address<br><b>704 Andrea Ct</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Physical Therapist</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kanithi</b>  |  | First<br><b>Hem</b>   |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0167</b> |
| Residential Street Address<br><b>704 Andrea Ct</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>V.P. Business Development</b>   |  | Name of Employer<br><b>Luvata Waterbury Inc.</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pattipati</b>  |  | First<br><b>Aruna</b>   |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0168</b> |
| Residential Street Address<br><b>34 Max Felix Dr</b>   |  | City<br><b>Storrs</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06268</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thangada</b>   |  | First<br><b>Venugopal</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0169</b> |
| Residential Street Address<br><b>28 Brentwood Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>United Services</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Norman</b>   |  | First<br><b>Arwen</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0170</b> |
| Residential Street Address<br><b>378 Weir St</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>Glastonbury Public Schools</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Norman  |  | First<br>George   |                             | MI<br>P                             | Contribution ID #<br>0171 |
| Residential Street Address<br>378 Weir St  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Vice president, financial reporting  |  | Name of Employer<br>Pudential Financial, Inc.   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gagnon  |  | First<br>Richard  |                             | MI<br>P                             | Contribution ID #<br>0172 |
| Residential Street Address<br>62 Chapman Dr  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Neelakantiah  |  | First<br>Bangalore  |                             | MI<br>P                             | Contribution ID #<br>0173 |
| Residential Street Address<br>1 Carriage House Way   |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Neelakantiah  |  | First<br>Leelavathi   |                             | MI<br>G                             | Contribution ID #<br>0174 |
| Residential Street Address<br>1 Carriage House Way   |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Rosenburg   |  | First<br>Franklin   |                             | MI                                  | Contribution ID #<br>0175 |
| Residential Street Address<br>88 Henley Way  |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>MD   |  | Name of Employer<br>Woodland Anyth Associates   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bermudez  |  | First<br>Ana Kristia  |                             | MI<br>G                             | Contribution ID #<br>0176 |
| Residential Street Address<br>19 Woodberry Ct .  |  | City<br>Wolcott   |                             | State<br>CT                         | Zip Code<br>06716         |
| Principal Occupation<br>Nurse Practitioner   |  | Name of Employer<br>Allergy Associates of Hartford  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Borgonus  |  | First<br>Ovanes   |                             | MI<br>H                             | Contribution ID #<br>0177 |
| Residential Street Address<br>19 Woodberry Ct .  |  | City<br>Wolcott   |                             | State<br>CT                         | Zip Code<br>06716         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Community Health Center   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wadia   |  | First<br>Goolcher   |                             | MI                                  | Contribution ID #<br>0178 |
| Residential Street Address<br>5 Stratford Rd   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Woodland Anesthesiology Associates  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zafar</b>  |  | First<br><b>Saadia</b>  |                                    | MI   | Contribution ID #<br><b>0179</b> |
| Residential Street Address<br><b>2 Abbotsford</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rovero</b>   |  | First<br><b>Andrew</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0180</b> |
| Residential Street Address<br><b>12 Stony Brook Dr # C-7</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Database/ Data Warehouse Consultant</b>   |  | Name of Employer<br><b>Ascendance, LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Merchant</b>   |  | First<br><b>Alta</b>  |                                    | MI<br><b>F</b>                             | Contribution ID #<br><b>0181</b> |
| Residential Street Address<br><b>2488 Hillbrooke Pkwy</b>  |  | City<br><b>Owensboro</b>  |                                    | State<br><b>KY</b>                         | Zip Code<br><b>42303</b>         |
| Principal Occupation<br><b>Financial Advisor</b>   |  | Name of Employer<br><b>UBS Financial Services, Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Persico</b>  |  | First<br><b>Deborah</b>   |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0182</b> |
| Residential Street Address<br><b>138 Joshuatown Rd</b>   |  | City<br><b>Lyme</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06371</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Persico   |  | First<br>Peter  |                             | MI<br>J                             | Contribution ID #<br>0183 |
| Residential Street Address<br>138 Joshuatown Rd  |  | City<br>Lyme  |                             | State<br>CT                         | Zip Code<br>06371         |
| Principal Occupation<br>Sales  |  | Name of Employer<br>SVN Pharmaceuticals   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lakshmipathy  |  | First<br>Jitendranath   |                             | MI                                  | Contribution ID #<br>0184 |
| Residential Street Address<br>220 Kinne Rd   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>VA Health System  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Jitendranath  |  | First<br>Lavanya  |                             | MI                                  | Contribution ID #<br>0185 |
| Residential Street Address<br>220 Kinne Rd   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Middlesex Hospital  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hoar  |  | First<br>Kathleen   |                             | MI<br>P                             | Contribution ID #<br>0186 |
| Residential Street Address<br>73 Dayton Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Berner</b>  |   | First<br><b>Gary</b>  |                                    | MI   | Contribution ID #<br><b>0187</b> |
| Residential Street Address<br><b>240 Spring Street Ext .</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Lobbyist</b>   |   | Name of Employer<br><b>Gary Berner Government Relations LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hudson</b>  |   | First<br><b>William</b>   |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0188</b> |
| Residential Street Address<br><b>1121 S McKnight Rd</b>   |   | City<br><b>St Louis</b>   |                                    | State<br><b>MO</b>                         | Zip Code<br><b>63117</b>         |
| Principal Occupation<br><b>Financial Advisor</b>  |   | Name of Employer<br><b>UBS Financial Services</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hudson</b>  |   | First<br><b>Maria</b>   |                                    | MI   | Contribution ID #<br><b>0189</b> |
| Residential Street Address<br><b>1121 S McKnight Rd</b>   |   | City<br><b>St Louis</b>   |                                    | State<br><b>MO</b>                         | Zip Code<br><b>63117</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sudagar</b>   |   | First<br><b>Maheswaran</b>  |                                    | MI   | Contribution ID #<br><b>0190</b> |
| Residential Street Address<br><b>25 Sunrise Ln</b>  |   | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Actuary</b>  |   | Name of Employer<br><b>XL Catlin</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Anaparthi</b>   |  | First<br><b>Sai Ram</b>   |                                    | MI  | Contribution ID #<br><b>0204</b> |
| Residential Street Address<br><b>22 Misty Cres</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/14/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Anaparthi</b>   |  | First<br><b>Padmaja</b>   |                                    | MI  | Contribution ID #<br><b>0205</b> |
| Residential Street Address<br><b>22 Misty Cres</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Beautician</b>   |  | Name of Employer<br><b>Salon</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/14/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Anaparthi</b>   |  | First<br><b>Lakshmi</b>   |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>0206</b> |
| Residential Street Address<br><b>22 Misty Cres</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>IT Senior Developer</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/14/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bangalore</b>   |  | First<br><b>Chennasri</b>   |                                    | MI   | Contribution ID #<br><b>0209</b> |
| Residential Street Address<br><b>6 Morello Cir</b>  |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Analyst</b>  |  | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dontula   |  | First<br>Suresh   |                             | MI<br>R                             | Contribution ID #<br>0271 |
| Residential Street Address<br>26 Angela Dr   |  | City<br>Wallingford   |                             | State<br>CT                         | Zip Code<br>06492         |
| Principal Occupation<br>Civil Engineer   |  | Name of Employer<br>HAKS Engineers  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/14/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dontula   |  | First<br>Vedavathi  |                             | MI<br>CT                            | Contribution ID #<br>0272 |
| Residential Street Address<br>26 Angela Dr   |  | City<br>Wallingford   |                             | State<br>CT                         | Zip Code<br>06492         |
| Principal Occupation<br>Programmer   |  | Name of Employer<br>Allied World Assurance Co.  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/14/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Rao   |  | First<br>Anitha   |                             | MI<br>K                            | Contribution ID #<br>0277 |
| Residential Street Address<br>178 Trumbull Ln  |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/15/2017 | Aggregate Contributions<br>\$10.00 | \$10.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Rao   |  | First<br>Megha  |                             | MI<br>B                            | Contribution ID #<br>0278 |
| Residential Street Address<br>178 Trumbull Ln  |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/15/2017 | Aggregate Contributions<br>\$10.00 | \$10.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Osborn</b>  |   | First<br><b>Morgan</b>  |                                    | MI   | Contribution ID #<br><b>1195</b> |
| Residential Street Address<br><b>26 Sally Burr Rd</b>   |   | City<br><b>Litchfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06759</b>         |
| Principal Occupation<br><b>Case worker</b>  |   | Name of Employer<br><b>Peace Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/15/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Osborn</b>  |   | First<br><b>Brad</b>  |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>1196</b> |
| Residential Street Address<br><b>26 Sally Burr Rd</b>   |   | City<br><b>Litchfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06759</b>         |
| Principal Occupation<br><b>Intern</b>   |   | Name of Employer<br><b>Aquathoron</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/15/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nestler</b>   |   | First<br><b>Jeffry</b>  |                                    | MI   | Contribution ID #<br><b>0279</b> |
| Residential Street Address<br><b>9 Sunny Reach Dr</b>   |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>CTGI</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bednarz</b>   |   | First<br><b>Jennifer</b>  |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>0193</b> |
| Residential Street Address<br><b>441 Main St</b>  |   | City<br><b>Portland</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06480</b>         |
| Principal Occupation<br><b>Dental Hygienist</b>   |   | Name of Employer<br><b>Pearl Dental Care</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Klett</b>  |  | First<br><b>Richard</b>   |                                    | MI<br><b>A</b>                            | Contribution ID #<br><b>0194</b> |
| Residential Street Address<br><b>104 Harold Dr</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Director of Security</b>  |  | Name of Employer<br><b>Town of Newington</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Klett</b>  |  | First<br><b>Maureen</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0195</b> |
| Residential Street Address<br><b>104 Harold Dr</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Director of Nurses</b>  |  | Name of Employer<br><b>Ryder Corporation- Bel-Air Manor</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>DeNovellis</b>   |  | First<br><b>Alterino</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0196</b> |
| Residential Street Address<br><b>441 Main St</b>   |  | City<br><b>Portland</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06480</b>         |
| Principal Occupation<br><b>Sales</b>   |  | Name of Employer<br><b>Magee Companies</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Jayraj</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0211</b> |
| Residential Street Address<br><b>970 9th St</b>  |  | City<br><b>Lawrenceburg</b>   |                                    | State<br><b>TN</b>                         | Zip Code<br><b>38464</b>         |
| Principal Occupation<br><b>Doctor</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Annigeri</b>  |   | First<br><b>Balkrishna</b>  |                                    | MI   | Contribution ID #<br><b>0371</b> |
| Residential Street Address<br><b>138 Stanley Dr</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineer</b>   |   | Name of Employer<br><b>Pratt &amp; Whitney</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seetharaman</b>   |   | First<br><b>Manjunath</b>   |                                    | MI   | Contribution ID #<br><b>0372</b> |
| Residential Street Address<br><b>724 Laurie Ln</b>  |   | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Veterinarian</b>   |   | Name of Employer<br><b>Ansonia Westfield Veterinary hospital</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rejniak</b>   |   | First<br><b>Stephen</b>   |                                    | MI   | Contribution ID #<br><b>0373</b> |
| Residential Street Address<br><b>85 Toll Gate Rd</b>  |   | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>President</b>  |   | Name of Employer<br><b>thirteenth floor graphics</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Evan</b>  |   | First<br><b>Honeyman</b>  |                                    | MI   | Contribution ID #<br><b>0374</b> |
| Residential Street Address<br><b>260 Deerbrooke Cir</b>   |   | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Director of business development</b>   |   | Name of Employer<br><b>Ticket network</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Prasad</b>   |  | First<br><b>Kala</b>  |                                    | MI  | Contribution ID #<br><b>0375</b> |
| Residential Street Address<br><b>268 Grandview Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Accounts payable</b>  |  | Name of Employer<br><b>Allergy Associates of Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/20/2017</b> | Aggregate Contributions<br><b>\$24.00</b> | <b>\$24.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Souza</b>  |  | First<br><b>David</b>   |                                    | MI  | Contribution ID #<br><b>0376</b> |
| Residential Street Address<br><b>41 Burr St</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Golf Instructor</b>   |  | Name of Employer<br><b>better golf CT LLC</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/21/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Seretan</b>  |  | First<br><b>Evan</b>  |                                    | MI  | Contribution ID #<br><b>0377</b> |
| Residential Street Address<br><b>99 Fox Den Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Attorney</b>  |  | Name of Employer<br><b>Cyient</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/21/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Seretan</b>  |  | First<br><b>Jamie</b>   |                                    | MI  | Contribution ID #<br><b>0378</b> |
| Residential Street Address<br><b>99 Fox Den Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Speech Pathologist</b>  |  | Name of Employer<br><b>Independent Contractor</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/21/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Chandrasekhar   |  | First<br>Sundar   |                             | MI                                 | Contribution ID #<br>0379 |
| Residential Street Address<br>301 Hardwood Pt  |  | City<br>Jupiter   |                             | State<br>FL                        | Zip Code<br>33458         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Mednax  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/22/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lichlyter   |  | First<br>Jennifer   |                             | MI                                  | Contribution ID #<br>0380 |
| Residential Street Address<br>268 Silver St  |  | City<br>North Granby  |                             | State<br>CT                         | Zip Code<br>06060         |
| Principal Occupation<br>Marketing and Sales  |  | Name of Employer<br>Six Flags New England   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Reaback   |  | First<br>Roslyn   |                             | MI<br>E                             | Contribution ID #<br>1038 |
| Residential Street Address<br>41 Jakobs Landings   |  | City<br>Westbrook   |                             | State<br>CT                         | Zip Code<br>06498         |
| Principal Occupation<br>development  |  | Name of Employer<br>University of New Haven   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Reaback   |  | First<br>Richard  |                             | MI<br>I                             | Contribution ID #<br>1039 |
| Residential Street Address<br>41 Jakobs Landings   |  | City<br>Westbrook   |                             | State<br>CT                         | Zip Code<br>06498         |
| Principal Occupation<br>Podiatrist   |  | Name of Employer<br>Dr. Richard Reaback   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Makati</b>  |  | First<br><b>Kaushik</b>   |                                    | MI   | Contribution ID #<br><b>0381</b> |
| Residential Street Address<br><b>205 Lakewood Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Marketing</b>  |  | Name of Employer<br><b>AFC Urgent Care</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Tadikonda</b>   |  | First<br><b>Srinivas</b>  |                                    | MI  | Contribution ID #<br><b>0382</b> |
| Residential Street Address<br><b>12 Red Fox Ln</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Kuehne-Nagel</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$15.00</b> | <b>\$15.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gajera</b>  |  | First<br><b>Ratilal</b>   |                                    | MI   | Contribution ID #<br><b>0383</b> |
| Residential Street Address<br><b>309 Jonaquin Cir</b>   |  | City<br><b>Hopkinsville</b>   |                                    | State<br><b>KY</b>                         | Zip Code<br><b>42240</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Gajera Patel PLLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gajera</b>  |  | First<br><b>Rita</b>  |                                    | MI   | Contribution ID #<br><b>0384</b> |
| Residential Street Address<br><b>309 Jonaquin Cir</b>   |  | City<br><b>Hopkinsville</b>   |                                    | State<br><b>KY</b>                         | Zip Code<br><b>42240</b>         |
| Principal Occupation<br><b>Bookkeeper</b>   |  | Name of Employer<br><b>Gajera Patel PLLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thompson</b>   |  | First<br><b>Mark</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0368</b> |
| Residential Street Address<br><b>31 Evergreen Ter</b>  |  | City<br><b>Seymour</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06483</b>         |
| Principal Occupation<br><b>Executive Director</b>  |  | Name of Employer<br><b>Fairfield county medical assoc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Schutzer</b>   |  | First<br><b>Karen</b>   |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0369</b> |
| Residential Street Address<br><b>41 Sycamore Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Interior Designer</b>   |  | Name of Employer<br><b>KLS interiors</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Schutzer</b>   |  | First<br><b>Steven</b>  |                                    | MI<br><b>F</b>                             | Contribution ID #<br><b>0370</b> |
| Residential Street Address<br><b>41 Sycamore Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>orthopedic assoc of Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gatesy</b>   |  | First<br><b>Carolyne</b>  |                                    | MI   | Contribution ID #<br><b>0385</b> |
| Residential Street Address<br><b>1191 Main St</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Entrepreneur</b>  |  | Name of Employer<br><b>Main Street Office Center LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Pant</b>  |   | First<br><b>Devesh</b>  |                                    | MI  | Contribution ID #<br><b>0386</b> |
| Residential Street Address<br><b>38 Highland St</b>   |   | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Architect</b>  |   | Name of Employer<br><b>Devesh Pant</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/27/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Devanney</b>  |   | First<br><b>Timothy</b>   |                                    | MI   | Contribution ID #<br><b>0387</b> |
| Residential Street Address<br><b>63 Eva Dr</b>  |   | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Retail Grocer</b>  |   | Name of Employer<br><b>Highland Park Market</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/28/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Petit</b>   |   | First<br><b>William</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0388</b> |
| Residential Street Address<br><b>PO Box 310</b>   |   | City<br><b>Plainville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06062</b>         |
| Principal Occupation<br><b>State Representative</b>   |   | Name of Employer<br><b>State of Connecticut</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/28/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lyons</b>   |   | First<br><b>Thomas</b>  |                                    | MI   | Contribution ID #<br><b>0389</b> |
| Residential Street Address<br><b>30 Dorset Ln</b>   |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Attorney</b>   |   | Name of Employer<br><b>DanaherLagnese PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/28/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramanan</b>   |  | First<br><b>Aruna</b>   |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0367</b> |
| Residential Street Address<br><b>20 Pequabuck Ln</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>CT childrens medical center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/28/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tohan</b>   |  | First<br><b>Narendra</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0340</b> |
| Residential Street Address<br><b>PO Box 210</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Medical Doctor</b>   |  | Name of Employer<br><b>Farmington Ctr. - For Repro.</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sureddi</b>   |  | First<br><b>Prasad</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0341</b> |
| Residential Street Address<br><b>259 Wood Pond Rd</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>MD</b>   |  | Name of Employer<br><b>Aesthetique</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Niranjan</b>  |  | First<br><b>Varalakshmi</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0342</b> |
| Residential Street Address<br><b>695 Mountain Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Prime Healthcare P.C</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Niranjan</b>  |  | First<br><b>Sankar</b>  |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0343</b> |
| Residential Street Address<br><b>695 Mountain Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Greater Hartford Nephrology, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>  |  | First<br><b>Chirag</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0344</b> |
| Residential Street Address<br><b>9 Pondsides Dr</b>   |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Yale University</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Sandip</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0345</b> |
| Residential Street Address<br><b>139 Henwood Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Manager</b>  |  | Name of Employer<br><b>Bidwell Spirit Shoppe</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seshadri</b>  |  | First<br><b>Partha</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0346</b> |
| Residential Street Address<br><b>31 Red Stone Dr</b>  |  | City<br><b>Weatogue</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06089</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>UTC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Om</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0347</b> |
| Residential Street Address<br><b>36 Jonathan Ln</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Research</b>  |  | Name of Employer<br><b>UTRC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Harpaldas</b>  |  | First<br><b>Pahlaj</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0348</b> |
| Residential Street Address<br><b>75 S Main St</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Business Owner</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Komal</b>  |  | First<br><b>Naresh</b>  |                                    | MI<br><b>k</b>                             | Contribution ID #<br><b>0349</b> |
| Residential Street Address<br><b>37 Musket Dr</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Car wash Owner</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rambhia</b>  |  | First<br><b>Dami</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0350</b> |
| Residential Street Address<br><b>66 Ruff Cir</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>012920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sheiker</b>   |  | First<br><b>Sam</b>   |                                    | MI   | Contribution ID #<br><b>0390</b> |
| Residential Street Address<br><b>15 Hadley Dr</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>CAO</b>  |  | Name of Employer<br><b>CT GI PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hartnett</b>  |  | First<br><b>Michael</b>   |                                    | MI   | Contribution ID #<br><b>0391</b> |
| Residential Street Address<br><b>175 Stockade Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Medical Risk Managers</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kale</b>  |  | First<br><b>Milind</b>  |                                    | MI   | Contribution ID #<br><b>0392</b> |
| Residential Street Address<br><b>57 Old Maids Ln</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Psychiatrist</b>   |  | Name of Employer<br><b>Milind Kale MD LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lagnese</b>   |  | First<br><b>Joyce</b>   |                                    | MI   | Contribution ID #<br><b>0393</b> |
| Residential Street Address<br><b>11 S Main St</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Attorney</b>   |  | Name of Employer<br><b>DanaherLagnese PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vijayasekar</b>  |  | First<br><b>Manisundaram</b>  |                                    | MI   | Contribution ID #<br><b>0394</b> |
| Residential Street Address<br><b>37 St Andrews</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Eligibility Servies</b>   |  | Name of Employer<br><b>Dept. of Social Services</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vijayasekar</b>  |  | First<br><b>Jayalakshmi</b>   |                                    | MI   | Contribution ID #<br><b>0395</b> |
| Residential Street Address<br><b>37 St Andrews</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Educator</b>  |  | Name of Employer<br><b>Unemployed</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Viswanathan</b>  |  | First<br><b>Kartik</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0351</b> |
| Residential Street Address<br><b>7 Susan Ter</b>   |  | City<br><b>Waterford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Parekh</b>   |  | First<br><b>Nisha</b>   |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>0352</b> |
| Residential Street Address<br><b>19 Elton Ct</b>   |  | City<br><b>Uncasville</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06382</b>         |
| Principal Occupation<br><b>Hotelier</b>  |  | Name of Employer<br><b>Paradise Property LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$60.00</b> | <b>\$60.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Parekh</b>  |  | First<br><b>Aakash</b>  |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>0353</b> |
| Residential Street Address<br><b>19 Elton Ct</b>  |  | City<br><b>Uncasville</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06382</b>         |
| Principal Occupation<br><b>Hotelier</b>   |  | Name of Employer<br><b>Paradise Property LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parekh</b>  |  | First<br><b>Jaymini</b>   |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0354</b> |
| Residential Street Address<br><b>19 Elton Ct</b>  |  | City<br><b>Uncasville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06382</b>         |
| Principal Occupation<br><b>Lodging</b>  |  | Name of Employer<br><b>Groton Hospitality LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parekh</b>  |  | First<br><b>Smita</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0355</b> |
| Residential Street Address<br><b>182 Old Farms W</b>  |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>lab technician</b>   |  | Name of Employer<br><b>Hospital of Central CT</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parekh</b>  |  | First<br><b>Anisha</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0356</b> |
| Residential Street Address<br><b>32 Jeremy Dr</b>   |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Hartford Health Care</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Ramesh</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0357</b> |
| Residential Street Address<br><b>8 Nadia's Way</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>GE Power</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Baude</b>  |  | First<br><b>Ronald Junior</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0358</b> |
| Residential Street Address<br><b>44 Goshen Rd</b>  |  | City<br><b>Waterford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Baude</b>  |  | First<br><b>Ronald</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0359</b> |
| Residential Street Address<br><b>44 Goshen Rd</b>  |  | City<br><b>Waterford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06385</b>         |
| Principal Occupation<br><b>CPA</b>   |  | Name of Employer<br><b>Baude &amp; Rolfe, PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vora</b>   |  | First<br><b>Carina</b>  |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>0360</b> |
| Residential Street Address<br><b>12 Harvest Gln</b>  |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Dentist</b>   |  | Name of Employer<br><b>Vora Dental Care</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vora</b>   |  | First<br><b>Setu</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0361</b> |
| Residential Street Address<br><b>12 Harvest Gln</b>  |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Pulmonary Physicians</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Walia</b>  |  | First<br><b>Rachna</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0362</b> |
| Residential Street Address<br><b>90 Case St</b>  |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>UCFS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Walia</b>  |  | First<br><b>Ramindra</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0363</b> |
| Residential Street Address<br><b>90 Case St</b>  |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Phy</b>   |  | Name of Employer<br><b>UCFS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Childress</b>  |  | First<br><b>Joseph</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0364</b> |
| Residential Street Address<br><b>8 Wimberly Dr</b>   |  | City<br><b>Oakdale</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06370</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Charter Oak FCU</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Colonis   |  | First<br>Harry  |                             | MI<br>P                             | Contribution ID #<br>0365 |
| Residential Street Address<br>35 Paula Ln  |  | City<br>Waterford   |                             | State<br>CT                         | Zip Code<br>06385         |
| Principal Occupation<br>Banker   |  | Name of Employer<br>Chelsea Groton Bank   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/30/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Suthar  |  | First<br>Jayant   |                             | MI                                 | Contribution ID #<br>0366 |
| Residential Street Address<br>135 Goldstar Hwy   |  | City<br>Groton  |                             | State<br>CT                        | Zip Code<br>06340         |
| Principal Occupation<br>Hotelier   |  | Name of Employer<br>Self Employed   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/30/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Lisa   |                             | MI                                  | Contribution ID #<br>0396 |
| Residential Street Address<br>10 Hinchley Wood   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Sarit  |                             | MI                                  | Contribution ID #<br>0397 |
| Residential Street Address<br>10 Hinchley Wood   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Starling Physicians   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mody  |  | First<br>Yogesh   |                             | MI<br>S                             | Contribution ID #<br>0281 |
| Residential Street Address<br>4307 Wintergreen Dr  |  | City<br>Troy  |                             | State<br>MI                         | Zip Code<br>48098         |
| Principal Occupation<br>Physician (Radiologist)  |  | Name of Employer<br>Dr. L. Reynolds Ass. P.C  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mody  |  | First<br>Pallavi  |                             | MI<br>Y                             | Contribution ID #<br>0282 |
| Residential Street Address<br>4307 Wintergreen Dr  |  | City<br>Troy  |                             | State<br>MI                         | Zip Code<br>48098         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Joyce   |  | First<br>Pamela   |                             | MI<br>J                             | Contribution ID #<br>0283 |
| Residential Street Address<br>125 Partridge Lndg   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Clinical manager   |  | Name of Employer<br>OSS   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Joyce   |  | First<br>Michael  |                             | MI<br>E                             | Contribution ID #<br>0284 |
| Residential Street Address<br>125 Partridge Lndg   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>MD   |  | Name of Employer<br>OSS   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Chokshi</b>   |  | First<br><b>Girish</b>  |                                    | MI<br><b>B</b>                            | Contribution ID #<br><b>0285</b> |
| Residential Street Address<br><b>21 Mistique Ln</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>CPA</b>  |  | Name of Employer<br><b>Chokshi, Mund &amp; Raczowski, PC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Upender</b>   |  | First<br><b>Pishka</b>  |                                    | MI<br><b></b>                             | Contribution ID #<br><b>0286</b> |
| Residential Street Address<br><b>69 Lovers Ln</b>   |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Wallace</b>   |  | First<br><b>Andrea</b>  |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>0287</b> |
| Residential Street Address<br><b>20801 Cross Timber Dr</b>  |  | City<br><b>Ashburn</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>20147</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Meskin</b>  |  | First<br><b>Seth</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0288</b> |
| Residential Street Address<br><b>21 Frence Row Dr</b>   |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Ophthalmologist</b>  |  | Name of Employer<br><b>Eye physicians &amp; surgeons</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Reddy</b>   |  | First<br><b>Usha</b>  |                                    | MI   | Contribution ID #<br><b>0289</b> |
| Residential Street Address<br><b>235 E River Dr # 408</b>   |  | City<br><b>East Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06108</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Swaminathan</b>   |  | First<br><b>Malini</b>  |                                    | MI   | Contribution ID #<br><b>0290</b> |
| Residential Street Address<br><b>7731 Fairgrove Ave</b>   |  | City<br><b>Windermere</b>   |                                    | State<br><b>FL</b>                         | Zip Code<br><b>34786</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Atkins North America</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shampain</b>  |  | First<br><b>Marjorie</b>  |                                    | MI   | Contribution ID #<br><b>0291</b> |
| Residential Street Address<br><b>310 Forest Dr</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Bookkeeper</b>   |  | Name of Employer<br><b>Interflon of New England</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shampain</b>  |  | First<br><b>Robert</b>  |                                    | MI   | Contribution ID #<br><b>0292</b> |
| Residential Street Address<br><b>310 Forest Dr</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>President</b>  |  | Name of Employer<br><b>Interflon of New England</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Komarla</b>  |  | First<br><b>Srinivasa</b>   |                                    | MI  | Contribution ID #<br><b>0293</b> |
| Residential Street Address<br><b>39 Kimberly Ln</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$99.00</b> | <b>\$99.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Komarla</b>  |  | First<br><b>Bhagya</b>  |                                    | MI  | Contribution ID #<br><b>0294</b> |
| Residential Street Address<br><b>39 Kimberly Ln</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$99.00</b> | <b>\$99.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sacheti</b>  |  | First<br><b>Chandra</b>   |                                    | MI   | Contribution ID #<br><b>0295</b> |
| Residential Street Address<br><b>140 Chatham Hill Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Cardiologist</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sacheti</b>  |  | First<br><b>Vandana</b>   |                                    | MI   | Contribution ID #<br><b>0296</b> |
| Residential Street Address<br><b>140 Chatham Hill Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Pediatrician</b>  |  | Name of Employer<br><b>Prohealth Physicians</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kedlaya</b>   |  | First<br><b>Nagendra</b>  |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0297</b> |
| Residential Street Address<br><b>145 Wickham Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Pratt &amp; Whitney</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gangisetty</b>  |  | First<br><b>Ramesh</b>  |                                    | MI<br><b>MA</b>                            | Contribution ID #<br><b>0298</b> |
| Residential Street Address<br><b>47 Meadow Ridge Rd</b>   |  | City<br><b>Pittsfield</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01201</b>         |
| Principal Occupation<br><b>Architect</b>  |  | Name of Employer<br><b>IBM</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kolluri</b>   |  | First<br><b>Bharat</b>  |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>0299</b> |
| Residential Street Address<br><b>15 Weatherstone</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kolluri</b>   |  | First<br><b>Vijaya</b>  |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>0300</b> |
| Residential Street Address<br><b>15 Weatherstone</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narla</b>   |  | First<br><b>Swarnalatha</b>   |                                    | MI   | Contribution ID #<br><b>0301</b> |
| Residential Street Address<br><b>39 Marlborough Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Loiacono</b>  |  | First<br><b>Michael</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0302</b> |
| Residential Street Address<br><b>14 Palisade Ter</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>NAPA CT</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Banerjee</b>  |  | First<br><b>Nasima</b>  |                                    | MI   | Contribution ID #<br><b>0303</b> |
| Residential Street Address<br><b>42 Richmond Ln</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>New Britain Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Judson</b>  |  | First<br><b>Peter</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0304</b> |
| Residential Street Address<br><b>1133 Hill St</b>   |  | City<br><b>Suffield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Retina Consultants</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Stoj</b>  |  | First<br><b>Marion</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0305</b> |
| Residential Street Address<br><b>31 Grier Rd</b>  |  | City<br><b>Vernon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06066</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Retina Consultants</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Levine</b>  |  | First<br><b>Steven</b>  |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>0306</b> |
| Residential Street Address<br><b>17 Sachem Rd</b>   |  | City<br><b>Weston</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06883</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Moraski</b>   |  | First<br><b>Gwendolyn</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0307</b> |
| Residential Street Address<br><b>20 Ruthies Ln</b>  |  | City<br><b>West Simsbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06092</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Woodland Anesthesiology</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dennen</b>  |  | First<br><b>Phillip</b>   |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0308</b> |
| Residential Street Address<br><b>21 Orchard Ln</b>  |  | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Woodland Anesthesiology</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                             |                                     |                           |
|---|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lin  |  | First<br>Eric   |                             | MI<br>C                             | Contribution ID #<br>0309 |
| Residential Street Address<br>50 Jennifer Dr  |  | City<br>North Haven   |                             | State<br>CT                         | Zip Code<br>06473         |
| Principal Occupation<br>Pharmacist  |  | Name of Employer<br>Milford Markets   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|   |  |   |                             |                                     |                           |
|---|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wang   |  | First<br>Shu-Ming   |                             | MI                                  | Contribution ID #<br>0310 |
| Residential Street Address<br>50 Jennifer Dr  |  | City<br>North Haven   |                             | State<br>CT                         | Zip Code<br>06473         |
| Principal Occupation<br>Physician   |  | Name of Employer<br>Woodland Anyth Associates   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|   |  |   |                             |                                     |                           |
|---|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Kishawi  |  | First<br>Qassem   |                             | MI                                  | Contribution ID #<br>0311 |
| Residential Street Address<br>105 S Farms Dr  |  | City<br>Manchester  |                             | State<br>CT                         | Zip Code<br>06040         |
| Principal Occupation<br>Anesthesiologist  |  | Name of Employer<br>Woodland Anesthesiology Associates  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|   |  |   |                             |                                     |                           |
|---|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Squier   |  | First<br>Raymond  |                             | MI                                  | Contribution ID #<br>0312 |
| Residential Street Address<br>14 Stony Corners Rd   |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Physician   |  | Name of Employer<br>Woodland Anesthesiology Associates  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Suresh</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0313</b> |
| Residential Street Address<br><b>75 Ruff Cir</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Sneh</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0314</b> |
| Residential Street Address<br><b>75 Ruff Cir</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>Capitol Comm. College</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jonnakota</b>  |  | First<br><b>Srinivas</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0315</b> |
| Residential Street Address<br><b>28 Meadowrue Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Cigna Healthcare</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dendi</b>  |  | First<br><b>Saritha</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0316</b> |
| Residential Street Address<br><b>28 Meadowrue Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Cigna Healthcare</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sankaran</b>  |  | First<br><b>Subha</b>   |                                    | MI   | Contribution ID #<br><b>0317</b> |
| Residential Street Address<br><b>15 Teachers Turn</b>   |  | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Teacher</b>  |  | Name of Employer<br><b>The Cobb School Montessori</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pauchal</b>   |  | First<br><b>Hemaut</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0318</b> |
| Residential Street Address<br><b>92 Highland View Dr</b>  |  | City<br><b>Somers</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06071</b>         |
| Principal Occupation<br><b>Doctor</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pauchal</b>   |  | First<br><b>Harshi</b>  |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0319</b> |
| Residential Street Address<br><b>92 Highland View Dr</b>  |  | City<br><b>Somers</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06071</b>         |
| Principal Occupation<br><b>Manager</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pauchal</b>   |  | First<br><b>Shivani</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0320</b> |
| Residential Street Address<br><b>92 Highland View Dr</b>  |  | City<br><b>Somers</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06071</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Prasad</b>   |  | First<br><b>Shashank</b>  |                                    | MI   | Contribution ID #<br><b>0321</b> |
| Residential Street Address<br><b>22 Howe Rd</b>  |  | City<br><b>Newton</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>02459</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Brigham + Women's Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Prasad</b>   |  | First<br><b>Kerrya</b>  |                                    | MI   | Contribution ID #<br><b>0322</b> |
| Residential Street Address<br><b>22 Howe Rd</b>  |  | City<br><b>Newton</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>02459</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Trowbridge</b>   |  | First<br><b>Randy</b>   |                                    | MI   | Contribution ID #<br><b>0323</b> |
| Residential Street Address<br><b>94 Chestnut Tree Hill Rd</b>  |  | City<br><b>Southbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06488</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Wallace</b>  |  | First<br><b>Kevin</b>   |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0324</b> |
| Residential Street Address<br><b>20801 Cross Timber Dr</b>   |  | City<br><b>Ashburn</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>20147</b>         |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>Fairfax County Public Schools</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parveen</b>   |  | First<br><b>Zahida</b>  |                                    | MI   | Contribution ID #<br><b>0325</b> |
| Residential Street Address<br><b>101 Peria Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ojha</b>  |  | First<br><b>Bhawani</b>   |                                    | MI   | Contribution ID #<br><b>0326</b> |
| Residential Street Address<br><b>101 Peria Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Rocky Hill Medical Group</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Caruso</b>  |  | First<br><b>Suzanne</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0327</b> |
| Residential Street Address<br><b>1686 Hebron Ave</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Restaurant Manager</b>   |  | Name of Employer<br><b>Harry's Place</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sethumadhavan</b>   |  | First<br><b>Ganesh</b>  |                                    | MI   | Contribution ID #<br><b>0328</b> |
| Residential Street Address<br><b>20 Meadowrue Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |  | Name of Employer<br><b>Anthem, Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anushashin</b>  |  | First<br><b>Sambamuothy</b>   |                                    | MI   | Contribution ID #<br><b>0329</b> |
| Residential Street Address<br><b>20 Meadowrue Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Teller</b>   |  | Name of Employer<br><b>Key Bank</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Boden</b>   |  | First<br><b>Dan</b>   |                                    | MI  | Contribution ID #<br><b>0330</b> |
| Residential Street Address<br><b>8 Tedwin Farms Rd</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Handyman</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Cordos</b>  |  | First<br><b>Julia</b>   |                                    | MI  | Contribution ID #<br><b>0331</b> |
| Residential Street Address<br><b>80 Silver Springs Dr</b>   |  | City<br><b>Higganum</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06441</b>         |
| Principal Occupation<br><b>Real Estate Agent</b>  |  | Name of Employer<br><b>Keller Williams</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mosor</b>   |  | First<br><b>Daniel</b>  |                                    | MI  | Contribution ID #<br><b>0332</b> |
| Residential Street Address<br><b>80 Silver Springs Dr</b>   |  | City<br><b>Higganum</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06441</b>         |
| Principal Occupation<br><b>Contractor</b>   |  | Name of Employer<br><b>Nova 22 Group LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$60.00</b> | <b>\$60.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Cordos  |  | First<br>Ana  |                             | MI                                 | Contribution ID #<br>0333 |
| Residential Street Address<br>25 Bedford Ave   |  | City<br>East Hartford   |                             | State<br>CT                        | Zip Code<br>06118         |
| Principal Occupation<br>House Cleaning   |  | Name of Employer<br>Ana's Home Cleaning   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Wilder  |  | First<br>Zandonella   |                             | MI                                 | Contribution ID #<br>0334 |
| Residential Street Address<br>180 Robin Rd   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Counselor  |  | Name of Employer<br>Windham Tech  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Jonahota  |  | First<br>Neha   |                             | MI<br>S                            | Contribution ID #<br>0335 |
| Residential Street Address<br>28 Meadowrue Dr  |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Glastonbury High School   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Murthy  |  | First<br>Anarghya   |                             | MI<br>L                            | Contribution ID #<br>0336 |
| Residential Street Address<br>59 Old Farms Rd  |  | City<br>Cheshire  |                             | State<br>CT                        | Zip Code<br>06410         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>01/31/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Murthy</b>   |  | First<br><b>Archisha</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0337</b> |
| Residential Street Address<br><b>59 Old Farms Rd</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ganesh</b>   |  | First<br><b>Jayashree</b>   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0338</b> |
| Residential Street Address<br><b>20 Meadowrue Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Mamta</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0339</b> |
| Residential Street Address<br><b>5 Hunting Ln</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Dance Teacher</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>01/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Lynn</b>   |  | First<br><b>Marilynn</b>  |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0398</b> |
| Residential Street Address<br><b>41 Mosley Ter</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Motycka</b>   |  | First<br><b>David</b>   |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>0399</b> |
| Residential Street Address<br><b>24 Fairfield Ln</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Motycka</b>   |  | First<br><b>Susan</b>   |                                    | MI<br><b>G</b>                            | Contribution ID #<br><b>0400</b> |
| Residential Street Address<br><b>24 Fairfield Ln</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zarmsky</b>   |  | First<br><b>Roxanne</b>   |                                    | MI   | Contribution ID #<br><b>0401</b> |
| Residential Street Address<br><b>2 Muils Hill Dr</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Stark</b>   |  | First<br><b>Phillip</b>   |                                    | MI   | Contribution ID #<br><b>0402</b> |
| Residential Street Address<br><b>106 W End Dr</b>   |  | City<br><b>Old Lyme</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06371</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kanelos</b>  |  | First<br><b>Peter</b>   |                                    | MI   | Contribution ID #<br><b>0403</b> |
| Residential Street Address<br><b>14 Spring Ln</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sinha</b>  |  | First<br><b>Veena</b>   |                                    | MI   | Contribution ID #<br><b>0404</b> |
| Residential Street Address<br><b>28 Hastings Turn</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sinha</b>  |  | First<br><b>Sanjay</b>  |                                    | MI   | Contribution ID #<br><b>0405</b> |
| Residential Street Address<br><b>28 Hasting Turn</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Considine</b>  |  | First<br><b>Alison</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0406</b> |
| Residential Street Address<br><b>91 Vista Ter</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Maranets</b>   |  | First<br><b>Inna</b>  |                                    | MI   | Contribution ID #<br><b>0407</b> |
| Residential Street Address<br><b>4 Timber Ln</b>   |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Anesthesiologist</b>  |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Knauft</b>   |  | First<br><b>Wesley</b>  |                                    | MI   | Contribution ID #<br><b>0408</b> |
| Residential Street Address<br><b>33 Kent Dr</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Barrett</b>  |  | First<br><b>John</b>  |                                    | MI<br><b>T</b>                            | Contribution ID #<br><b>0409</b> |
| Residential Street Address<br><b>7 Golf Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$80.00</b> | <b>\$80.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Freitas</b>  |  | First<br><b>David</b>   |                                    | MI   | Contribution ID #<br><b>0410</b> |
| Residential Street Address<br><b>1 Colonial Dr S</b>   |  | City<br><b>Bloomfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Garigipati  |  | First<br>Ravi   |                             | MI                                  | Contribution ID #<br>0474 |
| Residential Street Address<br>324 Great Pond Rd  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Scientist  |  | Name of Employer<br>Pfizer  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/03/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Agarwal   |  | First<br>Mukesh   |                             | MI                                  | Contribution ID #<br>0475 |
| Residential Street Address<br>27 Franks Way  |  | City<br>South Windsor   |                             | State<br>CT                         | Zip Code<br>06074         |
| Principal Occupation<br>Dentist  |  | Name of Employer<br>Globus Dental   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/03/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bhargava  |  | First<br>Alok   |                             | MI                                  | Contribution ID #<br>0476 |
| Residential Street Address<br>15 Whispering Hollow Ct  |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>CNS   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/03/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Canakalavenkata   |  | First<br>Vijayalakshmi  |                             | MI                                  | Contribution ID #<br>0477 |
| Residential Street Address<br>27 Franks Way  |  | City<br>South Windsor   |                             | State<br>CT                         | Zip Code<br>06074         |
| Principal Occupation<br>Dentist  |  | Name of Employer<br>East Hampton Family Dental  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/03/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Tripathy  |  | First<br>Manoj  |                             | MI<br>K                            | Contribution ID #<br>0532 |
| Residential Street Address<br>55 Farmbrook Ln  |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>Account Manager  |  | Name of Employer<br>TCS   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/04/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                   |                           |
|--|--|---|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Kumar   |  | First<br>Nishita  |                             | MI                                | Contribution ID #<br>0533 |
| Residential Street Address<br>319 Great Swamp Rd   |  | City<br>Glastonbury   |                             | State<br>CT                       | Zip Code<br>06033         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/04/2017 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Velivala  |  | First<br>Srilatha   |                             | MI                                  | Contribution ID #<br>0534 |
| Residential Street Address<br>806 Briarcourt Rd  |  | City<br>Rocky Hill  |                             | State<br>CT                         | Zip Code<br>06067         |
| Principal Occupation<br>Director   |  | Name of Employer<br>Indowave systems Inc  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Devabhaktuni  |  | First<br>Vinil  |                             | MI                                  | Contribution ID #<br>0535 |
| Residential Street Address<br>21 Jonquil Ln  |  | City<br>Longmeadow  |                             | State<br>MA                         | Zip Code<br>01106         |
| Principal Occupation<br>IT   |  | Name of Employer<br>AIG   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pandugayala</b>  |  | First<br><b>Rathnakar</b>   |                                    | MI   | Contribution ID #<br><b>0536</b> |
| Residential Street Address<br><b>23 Highpoint Cmns</b>   |  | City<br><b>Marlborough</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06447</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Saagar Soft</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ghanta</b>   |  | First<br><b>Sudheer</b>   |                                    | MI   | Contribution ID #<br><b>0537</b> |
| Residential Street Address<br><b>41 Pebblebrook Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Pharmacist</b>  |  | Name of Employer<br><b>Hancock Pharmacy</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Tokala</b>   |  | First<br><b>Krishnamohan</b>  |                                    | MI  | Contribution ID #<br><b>0538</b> |
| Residential Street Address<br><b>3 Grassyhill Rd</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>Director of IT</b>  |  | Name of Employer<br><b>Verscend</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Guddera</b>  |  | First<br><b>Venu</b>  |                                    | MI  | Contribution ID #<br><b>0539</b> |
| Residential Street Address<br><b>15 Vandervere Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation   |  | Name of Employer  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Pathak</b>   | First<br><b>Taran</b>  | MI<br><b>A</b>  | Contribution ID #<br><b>0540</b>          |
| Residential Street Address<br><b>20 Warner Ct</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                  |
| Principal Occupation<br><b>Student</b>   | Name of Employer<br><b>Student</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/04/2017</b>  | Aggregate Contributions<br><b>\$30.00</b> |
|  |  | Amount of Contribution<br><b>\$30.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patel</b>  | First<br><b>Jalpa</b>  | MI<br><b></b>   | Contribution ID #<br><b>0541</b>          |
| Residential Street Address<br><b>97 Idlewood Rd</b>  | City<br><b>Wolcott</b>   | State<br><b>CT</b>  | Zip Code<br><b>06716</b>                  |
| Principal Occupation<br><b>Pharmacist</b>  | Name of Employer<br><b>Brass Mill Pharmacy</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/04/2017</b>  | Aggregate Contributions<br><b>\$30.00</b> |
|  |  | Amount of Contribution<br><b>\$30.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Avadhanula</b>   | First<br><b>Rajasheker</b>   | MI<br><b></b>   | Contribution ID #<br><b>0542</b>          |
| Residential Street Address<br><b>21 Windy Hill Ln</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>Software</b>  | Name of Employer<br><b>Ashley</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/04/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patel</b>  | First<br><b>Manisha</b>  | MI<br><b></b>   | Contribution ID #<br><b>0543</b>          |
| Residential Street Address<br><b>44 Bennett Dr</b>   | City<br><b>Hampton</b>   | State<br><b>CT</b>  | Zip Code<br><b>06247</b>                  |
| Principal Occupation<br><b>Cashier</b>   | Name of Employer<br><b>Stop &amp; GO Mart</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/04/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Karanam</b>  |  | First<br><b>Prasada</b>   |                                    | MI  | Contribution ID #<br><b>0544</b> |
| Residential Street Address<br><b>443 Deming St</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Travelers</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Pathak</b>   |  | First<br><b>Veda</b>  |                                    | MI<br><b>A</b>                            | Contribution ID #<br><b>0545</b> |
| Residential Street Address<br><b>20 Warner Ct</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Gurralla</b>   |  | First<br><b>Govind</b>  |                                    | MI  | Contribution ID #<br><b>0546</b> |
| Residential Street Address<br><b>79 Harris Dr</b>  |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Anaparthi</b>  |  | First<br><b>Padmaja</b>   |                                    | MI  | Contribution ID #<br><b>0547</b> |
| Residential Street Address<br><b>22 Misty Cres</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Beautician</b>  |  | Name of Employer<br><b>Bliss Brow Bar</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |                                    |  |
|---|--|--|---|------------------------------------|--|
| Last Name<br><b>Anaparthi</b>   |  | First<br><b>Lakshmi</b>  |   | MI                                 | Contribution ID #<br><b>0548</b>             |
| Residential Street Address<br><b>22 Misty Cres</b>  |  | City<br><b>Rocky Hill</b>  |   | State<br><b>CT</b>                 | Zip Code<br><b>06067</b>                     |
| Principal Occupation<br><b>Senior App Dev Specialist</b>  |  |  | Name of Employer<br><b>Cigna</b>  |                                    |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution<br><br><b>\$20.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> |  |
|   |  | Aggregate Contributions<br><b>\$20.00</b>  |   |                                    |  |

|   |  |  |   |                                    |  |
|---|--|--|---|------------------------------------|--|
| Last Name<br><b>Guddera</b>   |  | First<br><b>Prithvi</b>  |   | MI                                 | Contribution ID #<br><b>0549</b>             |
| Residential Street Address<br><b>15 Vandervere Rd</b>   |  | City<br><b>West Hartford</b>   |   | State<br><b>CT</b>                 | Zip Code<br><b>06117</b>                     |
| Principal Occupation<br><b>Student</b>  |  |  | Name of Employer<br><b>Student</b>  |                                    |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution<br><br><b>\$10.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> |  |
|   |  | Aggregate Contributions<br><b>\$10.00</b>  |   |                                    |  |

|   |  |  |   |                                    |  |
|---|--|--|---|------------------------------------|--|
| Last Name<br><b>guddera</b>   |  | First<br><b>Bhuvan</b>   |   | MI                                 | Contribution ID #<br><b>0550</b>             |
| Residential Street Address<br><b>15 Vandervere Rd</b>   |  | City<br><b>West Hartford</b>   |   | State<br><b>CT</b>                 | Zip Code<br><b>06117</b>                     |
| Principal Occupation<br><b>Research Specialist</b>  |  |  | Name of Employer<br><b>Foley Carier Services</b>  |                                    |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution<br><br><b>\$10.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> |  |
|   |  | Aggregate Contributions<br><b>\$10.00</b>  |   |                                    |  |

|   |  |  |   |                                    |  |
|---|--|--|---|------------------------------------|--|
| Last Name<br><b>Arvapalli</b>   |  | First<br><b>Latha</b>  |   | MI<br><b>C</b>                     | Contribution ID #<br><b>1197</b>             |
| Residential Street Address<br><b>43 Franks Way</b>  |  | City<br><b>South Windsor</b>   |   | State<br><b>CT</b>                 | Zip Code<br><b>06074</b>                     |
| Principal Occupation<br><b>HR Services</b>  |  |  | Name of Employer<br><b>CYMA System</b>  |                                    |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> |  |
|   |  | Aggregate Contributions<br><b>\$50.00</b>  |   |                                    |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Contractor</b>  |  | First<br><b>Gulambhai</b>   |                                    | MI<br><b>I</b>                            | Contribution ID #<br><b>1194</b> |
| Residential Street Address<br><b>39 Buckland St # 1413</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Cashier</b>  |  | Name of Employer<br><b>D K Grocers</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/04/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rose</b>  |  | First<br><b>Deborah</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0478</b> |
| Residential Street Address<br><b>30 Woodland St</b>   |  | City<br><b>Hartford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06105</b>         |
| Principal Occupation<br><b>Attorney</b>   |  | Name of Employer<br><b>Klemonsni &amp; Rose Law offices</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Larrison</b>  |  | First<br><b>Wayne</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0479</b> |
| Residential Street Address<br><b>46 Prince St</b>   |  | City<br><b>New Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06519</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>CT Retina Consultants</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Carpino</b>   |  | First<br><b>Christie</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0480</b> |
| Residential Street Address<br><b>29 Soverigen Rdg</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>Attorney</b>   |  | Name of Employer<br><b>SSI</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lampugnale  |  | First<br>Patricia   |                             | MI                                  | Contribution ID #<br>0411 |
| Residential Street Address<br>296 Main St  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Family Care   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bharucha  |  | First<br>Jitendra   |                             | MI<br>B                             | Contribution ID #<br>0412 |
| Residential Street Address<br>44 Cranbury Dr   |  | City<br>Trumbull  |                             | State<br>CT                         | Zip Code<br>06611         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Self  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Verdone   |  | First<br>Thomas   |                             | MI<br>E                             | Contribution ID #<br>0413 |
| Residential Street Address<br>27 Crystal Ridge Dr  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Emcare  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Subramanyam   |  | First<br>Suchitra   |                             | MI                                  | Contribution ID #<br>0414 |
| Residential Street Address<br>314 Great Pond Rd  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Vasudha</b>   |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>0415</b> |
| Residential Street Address<br><b>209 Feldspar Rdg</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$51.00</b> | <b>\$51.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Mahesh</b>  |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>0416</b> |
| Residential Street Address<br><b>209 Feldspar Rdg</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Pratt &amp; Whitney EH CT</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$51.00</b> | <b>\$51.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Niranjan</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0417</b> |
| Residential Street Address<br><b>1151 Stanford Ave</b>  |  | City<br><b>Downers Grove</b>  |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60516</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Venti</b>   |  | First<br><b>Rozann</b>  |                                    | MI<br><b>F</b>                            | Contribution ID #<br><b>0418</b> |
| Residential Street Address<br><b>45 Wyllys St</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Hebron Medical Associates, LLC</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rodriguez</b>   |  | First<br><b>Paul</b>  |                                    | MI   | Contribution ID #<br><b>0419</b> |
| Residential Street Address<br><b>438 Thompson St</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Consultant</b>   |  | Name of Employer<br><b>VWM Analytics</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rodriguez</b>   |  | First<br><b>Anusha</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0420</b> |
| Residential Street Address<br><b>438 Thompson St</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Financial Analyst</b>  |  | Name of Employer<br><b>Oppenheimer and Company</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramesh</b>  |  | First<br><b>Arjun</b>   |                                    | MI   | Contribution ID #<br><b>0421</b> |
| Residential Street Address<br><b>1845 S Michigan Ave</b>  |  | City<br><b>Chicago</b>  |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60616</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Rush University Medical Center</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramnesh</b>   |  | First<br><b>Krishnamurthy</b>   |                                    | MI   | Contribution ID #<br><b>0422</b> |
| Residential Street Address<br><b>11530 Seneca Woods Ct</b>  |  | City<br><b>Great Falls</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>22066</b>         |
| Principal Occupation<br><b>COO</b>  |  | Name of Employer<br><b>Xcelerate Solutions</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramesh</b>  |  | First<br><b>Uma</b>   |                                    | MI   | Contribution ID #<br><b>0423</b> |
| Residential Street Address<br><b>11530 Seneca Woods Ct</b>  |  | City<br><b>Great Falls</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>22066</b>         |
| Principal Occupation<br><b>COO</b>  |  | Name of Employer<br><b>ICMA</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Baribault</b>   |  | First<br><b>Cathy</b>   |                                    | MI   | Contribution ID #<br><b>0424</b> |
| Residential Street Address<br><b>235 Grandview Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Jeweler</b>  |  | Name of Employer<br><b>Baribault Jewelers</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Baribault</b>   |  | First<br><b>Lewis</b>   |                                    | MI   | Contribution ID #<br><b>0425</b> |
| Residential Street Address<br><b>235 Grandview Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Store Owner</b>  |  | Name of Employer<br><b>Baribault Jewelers</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ortiz</b>   |  | First<br><b>Christina</b>   |                                    | MI  | Contribution ID #<br><b>0426</b> |
| Residential Street Address<br><b>109 Butler Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Jewelry Store Owner</b>  |  | Name of Employer<br><b>Baribault Jewelers</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Winicki   |  | First<br>Ray  |                             | MI                                  | Contribution ID #<br>0427 |
| Residential Street Address<br>4 Ridgewood Dr   |  | City<br>Middlebury  |                             | State<br>CT                         | Zip Code<br>06762-2943    |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Naugatuck Valley ENT Associates   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Burt  |  | First<br>Elizabeth  |                             | MI                                  | Contribution ID #<br>0428 |
| Residential Street Address<br>5 Wentworth Park   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Home maker   |  | Name of Employer<br>Home maker  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Burt  |  | First<br>Ronald   |                             | MI                                  | Contribution ID #<br>0429 |
| Residential Street Address<br>5 Wentworth Park   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Self Employed   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Thondapu  |  | First<br>Ramakrishna  |                             | MI                                  | Contribution ID #<br>0430 |
| Residential Street Address<br>2496 Piedmont Dr   |  | City<br>Merced  |                             | State<br>CA                         | Zip Code<br>95340         |
| Principal Occupation<br>MD   |  | Name of Employer<br>Self  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |   |   |                             |                                     |                           |
|--|---|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lynn  |   | First<br>Virginia   |                             | MI                                  | Contribution ID #<br>0431 |
| Residential Street Address<br>115 Founders Rd  |   | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Communications Manager   |   | Name of Employer<br>Aetna   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |   |   |                             |                                    |                           |
|--|---|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Galligan  |   | First<br>Matthew  |                             | MI<br>S                            | Contribution ID #<br>0432 |
| Residential Street Address<br>22 Packard St  |   | City<br>Manchester  |                             | State<br>CT                        | Zip Code<br>06040         |
| Principal Occupation<br>Underwriter  |   | Name of Employer<br>United Health Group   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|  |   |   |                             |                                   |                           |
|--|---|---|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br>Galligan  |   | First<br>Carmella   |                             | MI<br>P                           | Contribution ID #<br>0433 |
| Residential Street Address<br>22 Packard St  |   | City<br>Manchester  |                             | State<br>CT                       | Zip Code<br>06040         |
| Principal Occupation<br>Retired  |   | Name of Employer<br>Retired   |                             |                                   |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution            |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$5.00 | \$5.00                    |

|  |   |   |                             |                                    |                           |
|--|---|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Carbaugh  |   | First<br>Katherine  |                             | MI<br>A                            | Contribution ID #<br>0434 |
| Residential Street Address<br>63 Bridle Path Ln  |   | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Retired  |   | Name of Employer<br>Retired   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/06/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhamidipati</b>   |  | First<br><b>Kameswari</b>   |                                    | MI   | Contribution ID #<br><b>0435</b> |
| Residential Street Address<br><b>40 Sommers Hill Dr</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mazzara</b>   |  | First<br><b>Catherine</b>   |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>0436</b> |
| Residential Street Address<br><b>8 Tryon Farm Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Office Manager</b>   |  | Name of Employer<br><b>CT Center for Orthopedic Surgery</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mazzara</b>   |  | First<br><b>James</b>   |                                    | MI<br><b>T</b>                             | Contribution ID #<br><b>0437</b> |
| Residential Street Address<br><b>8 Tryon Farm Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Orthopedic Surgeon</b>   |  | Name of Employer<br><b>CT Center for Orthopedic Surgery</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Herzog</b>  |  | First<br><b>Catherine</b>   |                                    | MI<br><b>W</b>                             | Contribution ID #<br><b>0438</b> |
| Residential Street Address<br><b>97 Surrey Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Medina</b>  |  | First<br><b>Roberto</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0439</b> |
| Residential Street Address<br><b>538 Chimneysweep Hill Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>EuiCore Healthcare</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Smita</b>   |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0440</b> |
| Residential Street Address<br><b>1151 Stanford Ave</b>  |  | City<br><b>Downers Grove</b>  |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60516</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Eaton</b>   |  | First<br><b>Nancy</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0441</b> |
| Residential Street Address<br><b>62 Williams Glen Way</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Mukesh</b>  |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0442</b> |
| Residential Street Address<br><b>64 Copper Kettle Rd</b>  |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Pediatrician</b>   |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |   | First<br><b>Vibha</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0443</b> |
| Residential Street Address<br><b>64 Copper Kettle Rd</b>  |   | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Anesthesiology Associates of Danbury</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Stern</b>   |   | First<br><b>Alan</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0227</b> |
| Residential Street Address<br><b>190 Garden St</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Starling Physicians</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Marshall</b>  |   | First<br><b>Daniel</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0444</b> |
| Residential Street Address<br><b>2 Schuyler Ln</b>  |   | City<br><b>Bloomfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rema</b>  |   | First<br><b>Ravi</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0445</b> |
| Residential Street Address<br><b>63 Chelsea Pl</b>  |   | City<br><b>Ridgefield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06877</b>         |
| Principal Occupation<br><b>IT</b>   |   | Name of Employer<br><b>Finominal Tracking Technology</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ahmed</b>  |  | First<br><b>Tamim</b>   |                                    | MI  | Contribution ID #<br><b>0446</b> |
| Residential Street Address<br><b>35 Fairway Xing</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>HEalth MGMT</b>   |  | Name of Employer<br><b>Access Health CT</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ahmed</b>  |  | First<br><b>Fatema</b>  |                                    | MI  | Contribution ID #<br><b>0447</b> |
| Residential Street Address<br><b>35 Fairway Xing</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chirunomula</b>  |  | First<br><b>Sekhar</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0448</b> |
| Residential Street Address<br><b>49 Indian Ledge Rd</b>  |  | City<br><b>Monroe</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06468</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Family Medical Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chirunomula</b>  |  | First<br><b>Naga</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0449</b> |
| Residential Street Address<br><b>49 Indian Ledge Rd</b>  |  | City<br><b>Monroe</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06468</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Family Medical Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Chirunomula   |  | First<br>Rammurthy  |                             | MI                                  | Contribution ID #<br>0450 |
| Residential Street Address<br>51 Wicks End Ln  |  | City<br>Wilton  |                             | State<br>CT                         | Zip Code<br>06897         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>AASC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gupta   |  | First<br>Tarun  |                             | MI                                  | Contribution ID #<br>0451 |
| Residential Street Address<br>45 Fieldstone Dr   |  | City<br>Easton  |                             | State<br>CT                         | Zip Code<br>06612         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Gastroenterology Specialty Group  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gupta   |  | First<br>Indu   |                             | MI                                  | Contribution ID #<br>0452 |
| Residential Street Address<br>45 Fieldstone Dr   |  | City<br>Easton  |                             | State<br>CT                         | Zip Code<br>06612         |
| Principal Occupation<br>Office Manager   |  | Name of Employer<br>Gastroenterology Specialty Group  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Iyer  |  | First<br>Ganesh   |                             | MI                                  | Contribution ID #<br>0453 |
| Residential Street Address<br>27 Vista Ln  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Financial Planner  |  | Name of Employer<br>Self  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kurra</b>  |  | First<br><b>Pratap</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0454</b> |
| Residential Street Address<br><b>44 Buckingham Ridge Rd</b>  |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sawyer</b>   |  | First<br><b>Jeffrey</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0455</b> |
| Residential Street Address<br><b>77 Kingswood Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>MD</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sawyer</b>   |  | First<br><b>Natalie</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0456</b> |
| Residential Street Address<br><b>77 Kingswood Dr</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Alban</b>  |  | First<br><b>Cathleen</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0457</b> |
| Residential Street Address<br><b>77 Kingswood Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Googins   |  | First<br>Jennifer   |                             | MI<br>J                             | Contribution ID #<br>0458 |
| Residential Street Address<br>74 Forest Ln   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Derector   |  | Name of Employer<br>CW Resources Inc  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Googins   |  | First<br>Shawn  |                             | MI<br>W                             | Contribution ID #<br>0459 |
| Residential Street Address<br>74 Forest Ln   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Health Physicist   |  | Name of Employer<br>Mirion Technologies   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sherman   |  | First<br>Tami   |                             | MI<br>C                             | Contribution ID #<br>0460 |
| Residential Street Address<br>90 Needletree Ln   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Cantor/Clergy  |  | Name of Employer<br>Congregation Kol Haverim  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sherman   |  | First<br>Aaron  |                             | MI                                  | Contribution ID #<br>0461 |
| Residential Street Address<br>90 Needletree Ln   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>United Health Care  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Chimmiri  |  | First<br>Venu   |                             | MI<br>M                             | Contribution ID #<br>0462 |
| Residential Street Address<br>120 Gates Farm Rd  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Dentist  |  | Name of Employer<br>Meriden Dental Group  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sindwani  |  | First<br>Desh   |                             | MI                                  | Contribution ID #<br>0463 |
| Residential Street Address<br>22 Pease Farm Rd   |  | City<br>Ellington   |                             | State<br>CT                         | Zip Code<br>06029         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sindwani  |  | First<br>Asha   |                             | MI                                  | Contribution ID #<br>0464 |
| Residential Street Address<br>22 Pease Farm Rd   |  | City<br>Ellington   |                             | State<br>CT                         | Zip Code<br>06029         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Baystate Wing Hospital  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lamb  |  | First<br>Timothy  |                             | MI<br>J                             | Contribution ID #<br>0465 |
| Residential Street Address<br>97 Great Pond Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Consultant   |  | Name of Employer<br>Constitution Advisors   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/07/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bowden</b>   |  | First<br><b>Eva</b>   |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>0466</b> |
| Residential Street Address<br><b>305 Georgetown Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Deeb</b>   |  | First<br><b>John</b>  |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>0467</b> |
| Residential Street Address<br><b>20 Wethrell St</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Reed</b>   |  | First<br><b>Stacy</b>   |                                    | MI<br><b></b>                             | Contribution ID #<br><b>0468</b> |
| Residential Street Address<br><b>4 Hanover Farms Rd</b>  |  | City<br><b>Bolton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06043</b>         |
| Principal Occupation<br><b>Mechanics Bay Admin</b>   |  | Name of Employer<br><b>Southern Auto Auction</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Fournier</b>   |  | First<br><b>Rodney</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0469</b> |
| Residential Street Address<br><b>4 Hanover Farms Rd</b>  |  | City<br><b>Bolton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06043</b>         |
| Principal Occupation<br><b>Electrician</b>   |  | Name of Employer<br><b>Northern Lights Electrical</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Fornier</b>   |  | First<br><b>Doreen</b>  |                                    | MI<br><b>C</b>                            | Contribution ID #<br><b>0470</b> |
| Residential Street Address<br><b>4 Hanover Farms Rd</b>   |  | City<br><b>Bolton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06043</b>         |
| Principal Occupation<br><b>Book Keeper</b>  |  | Name of Employer<br><b>Priemer Adiministrative Sources</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Hankard</b>   |  | First<br><b>Scott</b>   |                                    | MI<br><b>P</b>                            | Contribution ID #<br><b>0471</b> |
| Residential Street Address<br><b>36 Lexington Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>VP of Sales</b>  |  | Name of Employer<br><b>Ameritas Financial</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Palmer</b>  |  | First<br><b>Jeanne</b>  |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>0472</b> |
| Residential Street Address<br><b>97 Overlook Dr</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Palmer</b>  |  | First<br><b>Donald</b>  |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>0473</b> |
| Residential Street Address<br><b>97 Overlook Dr</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>United Technologies Corp</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Smith</b>   |   | First<br><b>Thomas</b>  |                                    | MI   | Contribution ID #<br><b>0481</b> |
| Residential Street Address<br><b>37 Fox Run Ct</b>  |   | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Attorney</b>   |   | Name of Employer<br><b>RCN Capital</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chawla</b>  |   | First<br><b>Ranjana</b>   |                                    | MI   | Contribution ID #<br><b>0482</b> |
| Residential Street Address<br><b>26 Balfour Dr</b>  |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>chawla</b>  |   | First<br><b>Surendra</b>  |                                    | MI   | Contribution ID #<br><b>0483</b> |
| Residential Street Address<br><b>26 Balfour Dr</b>  |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Cardiovascular surgeon</b>   |   | Name of Employer<br><b>St. Francis Hospital and Medical Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gajjala</b>   |   | First<br><b>Priya</b>   |                                    | MI   | Contribution ID #<br><b>0484</b> |
| Residential Street Address<br><b>105 Talcott Ridge Dr</b>   |   | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>O'Brien   |  | First<br>Timothy  |                             | MI                                  | Contribution ID #<br>0683 |
| Residential Street Address<br>70 Ridgewood Rd  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>CT ENT associates PC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Karukonda   |  | First<br>Pooja  |                             | MI                                  | Contribution ID #<br>0730 |
| Residential Street Address<br>364 Lehigh Ave Apt 2   |  | City<br>Pittsburgh  |                             | State<br>PA                         | Zip Code<br>15232         |
| Principal Occupation<br>Student  |  | Name of Employer  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/13/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Karukonda   |  | First<br>Lakshmi  |                             | MI                                  | Contribution ID #<br>0729 |
| Residential Street Address<br>16 Russet Rd   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Pharmacist   |  | Name of Employer<br>AHOLD   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/14/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>PARTHASARATHI   |  | First<br>ARVIND   |                             | MI                                  | Contribution ID #<br>0731 |
| Residential Street Address<br>14632 Newtonmore Ln  |  | City<br>Lakewood Ranch  |                             | State<br>FL                         | Zip Code                  |
| Principal Occupation<br>Retired  |  | Name of Employer  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/15/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Yadav</b>   |   | First<br><b>Preety</b>  |                                    | MI   | Contribution ID #<br><b>0732</b> |
| Residential Street Address<br><b>7 Balsam Dr</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>teacher</b>  |   | Name of Employer<br><b>east hartford public school</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/15/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>tweedie</b>   |   | First<br><b>Brian</b>   |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>0881</b> |
| Residential Street Address<br><b>107 Steep Hollow Rd</b>  |   | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Unemployed</b>   |   | Name of Employer<br><b>Unemployed</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>tweedie</b>   |   | First<br><b>Mark</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>0882</b> |
| Residential Street Address<br><b>107 Steep Hollow Rd</b>  |   | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Dental Technician</b>  |   | Name of Employer<br><b>Tweedie Dental Arts</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tweedie</b>   |   | First<br><b>Melissa</b>   |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0883</b> |
| Residential Street Address<br><b>107 Steep Hollow Rd</b>  |   | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>School psychologist</b>  |   | Name of Employer<br><b>State of Connecticut</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Herzog</b>  |  | First<br><b>Alfred</b>  |                                    | MI   | Contribution ID #<br><b>0485</b> |
| Residential Street Address<br><b>97 Surrey Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bowden</b>  |  | First<br><b>Eva</b>   |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>0486</b> |
| Residential Street Address<br><b>305 Georgetown Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Reilly</b>  |  | First<br><b>Ellen</b>   |                                    | MI   | Contribution ID #<br><b>0487</b> |
| Residential Street Address<br><b>42-41 201st St # 918</b>   |  | City<br><b>Bayside</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11361</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Fisher</b>  |  | First<br><b>James</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0488</b> |
| Residential Street Address<br><b>73 Hunter Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retail Store Owner</b>   |  | Name of Employer<br><b>O'Rileys Wine and Spirits LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>O'Connor  |  | First<br>Leslie   |                             | MI<br>H                             | Contribution ID #<br>0489 |
| Residential Street Address<br>49 Dean Dr   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>O'Connor  |  | First<br>Charles  |                             | MI<br>T                             | Contribution ID #<br>0490 |
| Residential Street Address<br>49 Dean Dr   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ehlers  |  | First<br>William  |                             | MI<br>H                             | Contribution ID #<br>0491 |
| Residential Street Address<br>125 Secret Lake Rd   |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Ophthalmologist  |  | Name of Employer<br>UConn Medical   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Kwiatkoski  |  | First<br>Blanche  |                             | MI                                  | Contribution ID #<br>0492 |
| Residential Street Address<br>25 View Dr   |  | City<br>Thomaston   |                             | State<br>CT                         | Zip Code<br>06787         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rocco</b>   |  | First<br><b>Elizabeth</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0493</b> |
| Residential Street Address<br><b>11 Howland Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Weisz</b>   |  | First<br><b>James</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0494</b> |
| Residential Street Address<br><b>9 Old Hill Farms Rd</b>  |  | City<br><b>Westport</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06880</b>         |
| Principal Occupation<br><b>Ophthalmologist</b>  |  | Name of Employer<br><b>Connecticut Retina Consultants LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pelletier</b>   |  | First<br><b>Susan</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0495</b> |
| Residential Street Address<br><b>25 View Dr</b>   |  | City<br><b>Thomaston</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06787</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Marshall</b>  |  | First<br><b>Daniel</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0496</b> |
| Residential Street Address<br><b>2 Schuyler Ln</b>  |  | City<br><b>Bloomfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Manjoney</b>  |  | First<br><b>Delia</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0497</b> |
| Residential Street Address<br><b>945 Beaver Dam Rd</b>  |  | City<br><b>Stratford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06614</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Manjoney Eye</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kandarpa</b>  |  | First<br><b>Arunasri</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0498</b> |
| Residential Street Address<br><b>The Hartford</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Ad Marketing</b>   |  | Name of Employer<br><b>The Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kandarpa</b>  |  | First<br><b>Murthy</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0499</b> |
| Residential Street Address<br><b>215 Mountain Pond Rd</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>DBA</b>  |  | Name of Employer<br><b>The Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kandarpa</b>  |  | First<br><b>Meghana</b>   |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0500</b> |
| Residential Street Address<br><b>215 Mountain Pond Rd</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramanathan</b>  |  | First<br><b>Ravi</b>  |                                    | MI   | Contribution ID #<br><b>0501</b> |
| Residential Street Address<br><b>15 Teachers Turn</b>   |  | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>General Manager</b>  |  | Name of Employer<br><b>Legrand North America</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hossain</b>   |  | First<br><b>Asif</b>  |                                    | MI   | Contribution ID #<br><b>0502</b> |
| Residential Street Address<br><b>611 Tolland Tpke</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Seafood Broker</b>   |  | Name of Employer<br><b>ANA International Links</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gazi</b>  |  | First<br><b>Golam</b>   |                                    | MI   | Contribution ID #<br><b>0503</b> |
| Residential Street Address<br><b>84 Colton Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Prime Health Care PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bharucha</b>  |  | First<br><b>Mamata</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0504</b> |
| Residential Street Address<br><b>44 Cranbury Dr</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Physicians or Womens Health (PWH)</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Iyer</b>  |  | First<br><b>Rajiv</b>   |                                    | MI   | Contribution ID #<br><b>0505</b> |
| Residential Street Address<br><b>26 Edgewood Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Financial Planner</b>  |  | Name of Employer<br><b>Ganesh Financial GRP</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Abraham</b>   |  | First<br><b>Thomas</b>  |                                    | MI   | Contribution ID #<br><b>0506</b> |
| Residential Street Address<br><b>100 Briar Brae Rd</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>Market Research</b>  |  | Name of Employer<br><b>Innovative Research &amp; Products</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ramesh</b>  |  | First<br><b>Apoorva</b>   |                                    | MI  | Contribution ID #<br><b>0507</b> |
| Residential Street Address<br><b>2 Stuyvesant Oval Apt 9E</b>   |  | City<br><b>New York</b>   |                                    | State<br><b>NY</b>                        | Zip Code<br><b>10009</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Wallace</b>   |  | First<br><b>Eileen</b>  |                                    | MI   | Contribution ID #<br><b>0508</b> |
| Residential Street Address<br><b>112 Kirkwood Ave</b>   |  | City<br><b>Merrick</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11566</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Wallace</b>   |  | First<br><b>Edward</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>0509</b> |
| Residential Street Address<br><b>112 Kirkwood Ave</b>   |  | City<br><b>Merrick</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11566</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ahilan</b>  |  | First<br><b>Thirugnanasambanthar</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0510</b> |
| Residential Street Address<br><b>34 Lazy Valley Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>CEO</b>  |  | Name of Employer<br><b>FibreDust LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Turn</b>  |  | First<br><b>Edward</b>  |                                    | MI<br><b>F</b>                            | Contribution ID #<br><b>0511</b> |
| Residential Street Address<br><b>21 Burnap Brook Rd</b>   |  | City<br><b>Andover</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06232</b>         |
| Principal Occupation<br><b>Sales</b>  |  | Name of Employer<br><b>FibreDust LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Gompper</b>   |  | First<br><b>Daniel</b>  |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>0512</b> |
| Residential Street Address<br><b>13 Hennequin Rd</b>  |  | City<br><b>Columbia</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06237</b>         |
| Principal Occupation<br><b>Analyst</b>  |  | Name of Employer<br><b>Ticket Network LLC</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bathula</b>  |  | First<br><b>Vijay</b>   |                                    | MI  | Contribution ID #<br><b>0513</b> |
| Residential Street Address<br><b>5 Jennifer Ln</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>Application Engineer</b>  |  | Name of Employer<br><b>Valassis Inc</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Vasireddy</b>  |  | First<br><b>Sreeni</b>  |                                    | MI  | Contribution ID #<br><b>0514</b> |
| Residential Street Address<br><b>9 Applewood Dr</b>  |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>President</b>   |  | Name of Employer<br><b>Partner Soft</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Guddera</b>  |  | First<br><b>Latha</b>   |                                    | MI  | Contribution ID #<br><b>0515</b> |
| Residential Street Address<br><b>15 Vandervere Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>P M</b>   |  | Name of Employer<br><b>Aetna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vitale</b>   |  | First<br><b>Valerie</b>   |                                    | MI   | Contribution ID #<br><b>0516</b> |
| Residential Street Address<br><b>7 Leominster Rd</b>   |  | City<br><b>Bristol</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Prohealth Physicians</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kumar</b>   |  | First<br><b>Amruth</b>  |                                    | MI  | Contribution ID #<br><b>0517</b> |
| Residential Street Address<br><b>319 Great Swamp Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Project Manager</b>  |  | Name of Employer<br><b>The Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kumar</b>   |  | First<br><b>Roopashree</b>  |                                    | MI  | Contribution ID #<br><b>0518</b> |
| Residential Street Address<br><b>319 Great Swamp Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Housewife</b>  |  | Name of Employer<br><b>Housewife</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kanagala</b>  |  | First<br><b>Chandrase</b>   |                                    | MI  | Contribution ID #<br><b>0519</b> |
| Residential Street Address<br><b>34 Auburn Knl</b>  |  | City<br><b>East Hampton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06424</b>         |
| Principal Occupation<br><b>Sr. IT Project Manager</b>   |  | Name of Employer<br><b>Cognizant Technology Solutions</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Pathan</b>  |  | First<br><b>Yunis</b>   |                                    | MI  | Contribution ID #<br><b>0520</b> |
| Residential Street Address<br><b>65 Copperbeech Way</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06118</b>         |
| Principal Occupation<br><b>Butcher</b>  |  | Name of Employer<br><b>Dk Grocery Inc</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Mankad</b>   | First<br><b>Maharshi</b>   | MI<br><b>T</b>  | Contribution ID #<br><b>0521</b>          |
| Residential Street Address<br><b>40 Falcon Ridge Rd</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>IT Professional</b>   | Name of Employer<br><b>The Hartford</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/16/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Prakash</b>  | First<br><b>Pankaj</b>   | MI<br><b></b>   | Contribution ID #<br><b>0522</b>          |
| Residential Street Address<br><b>82 Andover Dr</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>Data Scientist</b>  | Name of Employer<br><b>Voya Financial</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/16/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bandlamudi</b>   | First<br><b>Bhargavi</b>   | MI<br><b></b>   | Contribution ID #<br><b>0523</b>           |
| Residential Street Address<br><b>65 Andover Dr</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>Manager</b>   | Name of Employer<br><b>Sri Sai LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/16/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Damineni</b>   | First<br><b>Prabhakar</b>  | MI<br><b></b>   | Contribution ID #<br><b>0524</b>           |
| Residential Street Address<br><b>65 Andover Dr</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>Manager</b>   | Name of Employer<br><b>Indian Bros INC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>020420171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/16/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Arvapalli   |  | First<br>Sreedhar   |                             | MI                                 | Contribution ID #<br>0525 |
| Residential Street Address<br>43 Franks Way  |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>Program Manager  |  | Name of Employer<br>Infosys   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Pankaj   |                             | MI                                 | Contribution ID #<br>0526 |
| Residential Street Address<br>44 Bennett Dr  |  | City<br>Hampton   |                             | State<br>CT                        | Zip Code<br>06247         |
| Principal Occupation<br>Owner  |  | Name of Employer<br>Stop n Go Mart  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Divatia   |  | First<br>Deepan   |                             | MI                                  | Contribution ID #<br>0527 |
| Residential Street Address<br>6 Edward Dr  |  | City<br>Wallingford   |                             | State<br>CT                         | Zip Code<br>06492         |
| Principal Occupation<br>Self   |  | Name of Employer<br>Self  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Divatia   |  | First<br>Rudra  |                             | MI<br>D                             | Contribution ID #<br>0528 |
| Residential Street Address<br>6 Edgewood Dr  |  | City<br>Wallingford   |                             | State<br>CT                         | Zip Code<br>06492         |
| Principal Occupation<br>Manager  |  | Name of Employer<br>GNC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>020420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Nadimpalli</b>   |  | First<br><b>Ramesh</b>  |                                    | MI  | Contribution ID #<br><b>0529</b> |
| Residential Street Address<br><b>32 Beecher Ln</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Software</b>  |  | Name of Employer<br><b>UHG</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$49.00</b> | <b>\$49.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Govindaram</b>   |  | First<br><b>Harikrishna</b>   |                                    | MI  | Contribution ID #<br><b>0530</b> |
| Residential Street Address<br><b>59 Devine Rd</b>  |  | City<br><b>Suffield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>Aetna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Devabhaktuni</b>   |  | First<br><b>Padma</b>   |                                    | MI   | Contribution ID #<br><b>0531</b> |
| Residential Street Address<br><b>21 Jonquil Ln</b>   |  | City<br><b>Longmeadow</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01106</b>         |
| Principal Occupation<br><b>Director- IT</b>  |  | Name of Employer<br><b>United Health Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>020420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vora</b>   |  | First<br><b>Arvind</b>  |                                    | MI   | Contribution ID #<br><b>0551</b> |
| Residential Street Address<br><b>22 Cedar Pl</b>   |  | City<br><b>Kings Park</b>   |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11754</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bandyopadhyay</b>  |  | First<br><b>Tapas</b>   |                                    | MI   | Contribution ID #<br><b>0552</b> |
| Residential Street Address<br><b>8 Orchard Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chirunomula</b>  |  | First<br><b>Latha</b>   |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0553</b> |
| Residential Street Address<br><b>3305 Kemper Rd</b>  |  | City<br><b>Arlington</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>22206</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>MA</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kurra</b>  |  | First<br><b>Sarojini</b>  |                                    | MI   | Contribution ID #<br><b>0554</b> |
| Residential Street Address<br><b>44 Buckingham Ridge Rd</b>  |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Doctors Pediatrics</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mandavalli</b>   |  | First<br><b>Mallikharjun</b>  |                                    | MI   | Contribution ID #<br><b>0555</b> |
| Residential Street Address<br><b>25 Sniffen Rd Unit D</b>  |  | City<br><b>Norwalk</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06851</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>great Food Corp</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/16/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Marcus  |  | First<br>Benjamin   |                             | MI<br>S                             | Contribution ID #<br>1035 |
| Residential Street Address<br>103 C Edgewater Cir  |  | City<br>East Hampton  |                             | State<br>CT                         | Zip Code<br>06424         |
| Principal Occupation<br>Operating Consultant   |  | Name of Employer<br>Marcus Insurance Agency   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/16/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Slade   |  | First<br>Samantha   |                             | MI                                 | Contribution ID #<br>0733 |
| Residential Street Address<br>128 Nooks Hill Rd  |  | City<br>Cromwell  |                             | State<br>CT                        | Zip Code<br>06416         |
| Principal Occupation<br>Marketing  |  | Name of Employer<br>Center for Latino Progress  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/17/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Slade   |  | First<br>Kenneth  |                             | MI                                 | Contribution ID #<br>0734 |
| Residential Street Address<br>128 Nooks Hill Rd  |  | City<br>Cromwell  |                             | State<br>CT                        | Zip Code<br>06416         |
| Principal Occupation<br>Crane Operator   |  | Name of Employer<br>Infra-Metals  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/17/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>D'Mello   |  | First<br>Francis  |                             | MI                                  | Contribution ID #<br>0735 |
| Residential Street Address<br>567 Ballfall Rd  |  | City<br>Middletown  |                             | State<br>CT                         | Zip Code<br>06457         |
| Principal Occupation<br>Retailer   |  | Name of Employer<br>That's the Spirit shoppe  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/17/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Battula</b>  |  | First<br><b>Vinay</b>   |                                    | MI   | Contribution ID #<br><b>0736</b> |
| Residential Street Address<br><b>49 Florence Way</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Software Consultant</b>   |  | Name of Employer<br><b>VR Systems Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Vani</b>   |  | First<br><b>Veena</b>   |                                    | MI  | Contribution ID #<br><b>0737</b> |
| Residential Street Address<br><b>140 Grandview Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation   |  | Name of Employer  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Srinivasan</b>   |  | First<br><b>Narasimhan</b>  |                                    | MI  | Contribution ID #<br><b>0738</b> |
| Residential Street Address<br><b>140 Grandview Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Faculty</b>   |  | Name of Employer<br><b>UConn</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Jayesh</b>  |                                    | MI   | Contribution ID #<br><b>0739</b> |
| Residential Street Address<br><b>1614 Greystone Rdg</b>  |  | City<br><b>San Antonio</b>  |                                    | State<br><b>TX</b>                         | Zip Code<br><b>78258</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>South Texas wound associates,PA</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Christman   |  | First<br>Lauren   |                             | MI                                  | Contribution ID #<br>0740 |
| Residential Street Address<br>545 N Dearborn St # 1901   |  | City<br>Chicago   |                             | State<br>IL                         | Zip Code<br>60654         |
| Principal Occupation<br>Consultant   |  | Name of Employer<br>Bain and company  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Habermehl   |  | First<br>olga   |                             | MI                                 | Contribution ID #<br>0606 |
| Residential Street Address<br>27 Loomis Dr # 2   |  | City<br>West Hartford   |                             | State<br>CT                        | Zip Code<br>06107         |
| Principal Occupation<br>Massage Therapist  |  | Name of Employer<br>Masculo Health Center   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Moreau  |  | First<br>Jennifer   |                             | MI<br>L                             | Contribution ID #<br>0607 |
| Residential Street Address<br>137 Hungary Rd   |  | City<br>Granby  |                             | State<br>CT                         | Zip Code<br>06035         |
| Principal Occupation<br>Interior Designer  |  | Name of Employer<br>Self Employed   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Santiago  |  | First<br>Joanne   |                             | MI<br>A                             | Contribution ID #<br>0608 |
| Residential Street Address<br>549 W Avon Rd  |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>chiropractor   |  | Name of Employer<br>Avon Chiropractor   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ijomah</b>  |  | First<br><b>Lauren</b>  |                                    | MI   | Contribution ID #<br><b>0609</b> |
| Residential Street Address<br><b>126 Oak Forest Dr</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Director</b>   |  | Name of Employer<br><b>Travelers</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ijomah</b>  |  | First<br><b>Michael</b>   |                                    | MI   | Contribution ID #<br><b>0610</b> |
| Residential Street Address<br><b>126 Oak Forest Dr</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>chiropractor Physician</b>   |  | Name of Employer<br><b>Musculoskeletal health center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ijomah</b>  |  | First<br><b>Rosemary</b>  |                                    | MI<br><b>O</b>                            | Contribution ID #<br><b>0611</b> |
| Residential Street Address<br><b>579 Emmett St # A3</b>   |  | City<br><b>Bristol</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>MW Industries</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Catuccio</b>  |  | First<br><b>Jennifer</b>  |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>0612</b> |
| Residential Street Address<br><b>27 Danna Marie Dr</b>  |  | City<br><b>Waterbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06708</b>         |
| Principal Occupation<br><b>Personal Trainer</b>   |  | Name of Employer<br><b>MSH Center</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kumar</b>  |  | First<br><b>Sugan</b>   |                                    | MI   | Contribution ID #<br><b>0613</b> |
| Residential Street Address<br><b>140 Highland Ave</b>  |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Internal Auditor</b>  |  | Name of Employer<br><b>Hartford Steam Boiler</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Muthusamy</b>  |  | First<br><b>Kathir</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0614</b> |
| Residential Street Address<br><b>130 Copper Beech Dr</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Scientist</b>   |  | Name of Employer<br><b>Regeneron</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Paramanantham</b>  |  | First<br><b>Jayapathy</b>   |                                    | MI   | Contribution ID #<br><b>0615</b> |
| Residential Street Address<br><b>36 Grandview Dr</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Solutions Partners</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chinnasamy</b>   |  | First<br><b>Babu</b>  |                                    | MI   | Contribution ID #<br><b>0616</b> |
| Residential Street Address<br><b>11 Inwood Ln</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>GE</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Papanasam</b>   |  | First<br><b>Vasan</b>   |                                    | MI   | Contribution ID #<br><b>0617</b> |
| Residential Street Address<br><b>126 Frazer Fir Rd</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>The Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kuppuraj</b>  |  | First<br><b>Natarajan</b>   |                                    | MI   | Contribution ID #<br><b>0618</b> |
| Residential Street Address<br><b>126 Falcon Crest Rd</b>  |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Manager</b>  |  | Name of Employer<br><b>Kaman Aerospace Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Subbiah</b>   |  | First<br><b>Yegu</b>  |                                    | MI   | Contribution ID #<br><b>0619</b> |
| Residential Street Address<br><b>120 W Avon Rd</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sridhar</b>   |  | First<br><b>Uthra</b>   |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0620</b> |
| Residential Street Address<br><b>7 Centerwood Rd</b>  |  | City<br><b>Burlington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06013</b>         |
| Principal Occupation<br><b>System Analyst</b>   |  | Name of Employer<br><b>United Health Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Srinivasan  |  | First<br>Sridhar  |                             | MI                                  | Contribution ID #<br>0621 |
| Residential Street Address<br>7 Centerwood Rd  |  | City<br>Burlington  |                             | State<br>CT                         | Zip Code<br>06013         |
| Principal Occupation   |  | Name of Employer  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021820172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Rajakumar   |  | First<br>Ravichandran   |                             | MI                                  | Contribution ID #<br>0622 |
| Residential Street Address<br>87 Lake Garda Dr   |  | City<br>Unionville  |                             | State<br>CT                         | Zip Code<br>06085         |
| Principal Occupation<br>App software manager   |  | Name of Employer<br>COCC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021820172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Natchiappan   |  | First<br>Nivedha  |                             | MI                                 | Contribution ID #<br>0623 |
| Residential Street Address<br>120 W Avon Rd  |  | City<br>Avon  |                             | State<br>CT                        | Zip Code<br>06001         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021820172</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gopalan   |  | First<br>Sakunthala   |                             | MI                                  | Contribution ID #<br>0624 |
| Residential Street Address<br>85 Brandon Run   |  | City<br>Bristol   |                             | State<br>CT                         | Zip Code<br>06010         |
| Principal Occupation<br>Sales Associates   |  | Name of Employer<br>TJ Max  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021820172</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/18/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gopalan</b>  |  | First<br><b>VIR</b>   |                                    | MI   | Contribution ID #<br><b>0625</b> |
| Residential Street Address<br><b>85 Brandon Rd</b>   |  | City<br><b>Bristol</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021820172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thompson</b>   |  | First<br><b>Lynne</b>   |                                    | MI   | Contribution ID #<br><b>0714</b> |
| Residential Street Address<br><b>133 Coldbrook Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Office Para</b>   |  | Name of Employer<br><b>Glastonbury Public Schools</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Khan</b>   |  | First<br><b>Sajjad</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1200</b> |
| Residential Street Address<br><b>63 Grassy Hill Rd</b>   |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Dentist</b>   |  | Name of Employer<br><b>Advantage Dental group LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>OBBU</b>   |  | First<br><b>RAVI</b>  |                                    | MI   | Contribution ID #<br><b>0741</b> |
| Residential Street Address<br><b>312 Kinne Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>I T BUSINESS</b>  |  | Name of Employer<br><b>INFOWAVE SYSTEMS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>OBBU</b>  |   | First<br><b>HIMA</b>  |                                    | MI   | Contribution ID #<br><b>0742</b> |
| Residential Street Address<br><b>312 Kinne Rd</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>I T DIRECTOR</b>   |   | Name of Employer<br><b>HARTFORD INSURANCE</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Tanniru</b>   |   | First<br><b>Subba</b>   |                                    | MI  | Contribution ID #<br><b>0743</b> |
| Residential Street Address<br><b>33 Florence Way</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Software engineer</b>  |   | Name of Employer<br><b>Thehartford</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gottam</b>  |   | First<br><b>Gopi</b>  |                                    | MI   | Contribution ID #<br><b>0744</b> |
| Residential Street Address<br><b>1 Harold Rd</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>IT Advisor</b>   |   | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kollu</b>   |   | First<br><b>Rajesh</b>  |                                    | MI  | Contribution ID #<br><b>0745</b> |
| Residential Street Address<br><b>115 Barkledge Dr</b>   |   | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Lead Information Engineer</b>  |   | Name of Employer<br><b>Travelers Insurance</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Boggavarapu</b>   |   | First<br><b>Anitha</b>  |                                    | MI  | Contribution ID #<br><b>0746</b> |
| Residential Street Address<br><b>115 Barkledge Dr</b>   |   | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ravuri</b>  |   | First<br><b>Sai</b>   |                                    | MI  | Contribution ID #<br><b>0747</b> |
| Residential Street Address<br><b>48 Florence Way</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |   | Name of Employer<br><b>Yale University</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nair</b>  |   | First<br><b>Pradeep</b>   |                                    | MI   | Contribution ID #<br><b>0556</b> |
| Residential Street Address<br><b>16 Arlington Dr</b>  |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Manager</b>  |   | Name of Employer<br><b>Optum</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>021920171</u></b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chakka</b>  |   | First<br><b>Vijay</b>   |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0557</b> |
| Residential Street Address<br><b>79 Fox Holw</b>  |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Engineer</b>   |   | Name of Employer<br><b>Pratt &amp; Whitney</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>021920171</u></b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Alavala</b>   |  | First<br><b>Radhakrishna</b>  |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>0558</b> |
| Residential Street Address<br><b>20 Strawfield Rd</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Harland clark Holdings</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Yalamanchili</b>  |  | First<br><b>Naga</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0559</b> |
| Residential Street Address<br><b>6 Chatham Ct</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IS Director</b>  |  | Name of Employer<br><b>Staywell Health care</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shanmugam</b>   |  | First<br><b>Chandra</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0560</b> |
| Residential Street Address<br><b>32 Old Village Ln</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Subramanian</b>   |  | First<br><b>Hari</b>  |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0561</b> |
| Residential Street Address<br><b>12 Village View Ln</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |   |                                     |                           |
|--|--|--|---|-------------------------------------|---------------------------|
| Last Name<br>Kummamuru   |  | First<br>Kumar   |   | MI                                  | Contribution ID #<br>0562 |
| Residential Street Address<br>42 Acorn Dr  |  | City<br>Windsor Locks  |   | State<br>CT                         | Zip Code<br>06096         |
| Principal Occupation<br>Program Manager  |  |  | Name of Employer<br>Aetna   |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017         |                           |
|  |  |  |   | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |  |   |                                     |                           |
|--|--|--|---|-------------------------------------|---------------------------|
| Last Name<br>Talluri   |  | First<br>Sridhar   |   | MI                                  | Contribution ID #<br>0563 |
| Residential Street Address<br>10 Quarter Horse Dr  |  | City<br>Ellington  |   | State<br>CT                         | Zip Code<br>06029         |
| Principal Occupation<br>IT   |  |  | Name of Employer<br>Scanptics   |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017         |                           |
|  |  |  |   | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |  |   |                                     |                           |
|--|--|--|---|-------------------------------------|---------------------------|
| Last Name<br>Nayunipati  |  | First<br>Viswanatha  |   | MI                                  | Contribution ID #<br>0564 |
| Residential Street Address<br>21 Florence Way  |  | City<br>Farmington   |   | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>President  |  |  | Name of Employer<br>Niktor, LLC   |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017         |                           |
|  |  |  |   | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |  |   |                                    |                           |
|--|--|--|---|------------------------------------|---------------------------|
| Last Name<br>Nagalla   |  | First<br>Anil  |   | MI<br>K                            | Contribution ID #<br>0565 |
| Residential Street Address<br>72 Oakridge  |  | City<br>Unionville   |   | State<br>CT                        | Zip Code<br>06085         |
| Principal Occupation<br>Engineer   |  |  | Name of Employer<br>Oracle  |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017        |                           |
|  |  |  |   | Aggregate Contributions<br>\$50.00 | \$50.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Myneni</b>   |  | First<br><b>Sriram</b>  |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>0566</b> |
| Residential Street Address<br><b>935 Main St # B2</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Dentist</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Nagalla</b>  |  | First<br><b>Bhavani</b>   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0567</b> |
| Residential Street Address<br><b>72 Oakridge</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Veterans Administration</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Someshwar</b>  |  | First<br><b>Niraj</b>   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>0568</b> |
| Residential Street Address<br><b>42 Brentwood Dr</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>The Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Yenduri</b>  |  | First<br><b>Srinivasa</b>   |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>0569</b> |
| Residential Street Address<br><b>15 Paddack Rd</b>   |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>Eliassen Inc.</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sankaran</b>  |  | First<br><b>Muthu</b>   |                                    | MI   | Contribution ID #<br><b>0570</b> |
| Residential Street Address<br><b>5 Sherwood Ln</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Professor</b>  |  | Name of Employer<br><b>CCSU, New Britain</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bathula</b>   |  | First<br><b>Anil</b>  |                                    | MI   | Contribution ID #<br><b>0571</b> |
| Residential Street Address<br><b>24 Baldwin Dr</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Senior Consultant</b>  |  | Name of Employer<br><b>Cyient LTD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Goel</b>  |  | First<br><b>Praveen</b>   |                                    | MI  | Contribution ID #<br><b>0572</b> |
| Residential Street Address<br><b>8 Gillette Way</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Man Mutual</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Muthusamy</b>   |  | First<br><b>Senthilkumar</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0573</b> |
| Residential Street Address<br><b>16 Alcott Way</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Sankarapandy</b>   |  | First<br><b>Balamurugan</b>   |                                    | MI  | Contribution ID #<br><b>0574</b> |
| Residential Street Address<br><b>15 Wintonbury Dr</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Pfizer</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Renduchintala</b>  |  | First<br><b>Madhav</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0575</b> |
| Residential Street Address<br><b>48 Avonwood Apt 110</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Infosys</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kurtakoti</b>  |  | First<br><b>Suraj</b>   |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0576</b> |
| Residential Street Address<br><b>13 Florence Way</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Project Manager</b>   |  | Name of Employer<br><b>IBM</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kanagala</b>   |  | First<br><b>Chandrasekhar</b>   |                                    | MI  | Contribution ID #<br><b>0577</b> |
| Residential Street Address<br><b>34 Auburn Knl</b>   |  | City<br><b>East Hampton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06424</b>         |
| Principal Occupation<br><b>senior Project Manager</b>  |  | Name of Employer<br><b>cognizant Tech Solutions</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gangina   |  | First<br>Rajeswararao   |                             | MI                                  | Contribution ID #<br>0578 |
| Residential Street Address<br>214 Thompson Rd  |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Manager  |  | Name of Employer<br>Aetna   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Kumbum  |  | First<br>Krishna  |                             | MI                                 | Contribution ID #<br>0579 |
| Residential Street Address<br>18 Brentwood Dr  |  | City<br>Farmington  |                             | State<br>CT                        | Zip Code<br>06032         |
| Principal Occupation<br>Application Developer  |  | Name of Employer<br>Cigna   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Kodakirthi  |  | First<br>Venki  |                             | MI                                 | Contribution ID #<br>0580 |
| Residential Street Address<br>26 Baldwin Dr  |  | City<br>Farmington  |                             | State<br>CT                        | Zip Code<br>06032         |
| Principal Occupation<br>Software Engineer  |  | Name of Employer<br>Anthem  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dhingra   |  | First<br>Sachin   |                             | MI                                  | Contribution ID #<br>0581 |
| Residential Street Address<br>48 Maplehurst Ct   |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Self Employed   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>021920171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/19/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nimmagadda</b>  |  | First<br><b>Mahesh</b>  |                                    | MI   | Contribution ID #<br><b>0582</b> |
| Residential Street Address<br><b>12 Camden Way</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Architect</b>  |  | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Paruchuri</b>   |  | First<br><b>Phani</b>   |                                    | MI   | Contribution ID #<br><b>0583</b> |
| Residential Street Address<br><b>7 Wisteria Ln</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>IT Leader</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Krothapalli</b>   |  | First<br><b>Basava Kutumba Rao</b>  |                                    | MI  | Contribution ID #<br><b>0584</b> |
| Residential Street Address<br><b>5 Cobble Ct</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Accountant</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tadepalli</b>   |  | First<br><b>Anand</b>   |                                    | MI   | Contribution ID #<br><b>0585</b> |
| Residential Street Address<br><b>24 Thornwood Ln</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Framelens</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>021920171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>  |  | First<br><b>Dushyant</b>  |                                    | MI   | Contribution ID #<br><b>0586</b> |
| Residential Street Address<br><b>17 Lisa Cir</b>  |  | City<br><b>Suffield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Belsito</b>   |  | First<br><b>Samuel</b>  |                                    | MI   | Contribution ID #<br><b>0587</b> |
| Residential Street Address<br><b>55 Lee Ln</b>  |  | City<br><b>Tolland</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06084</b>         |
| Principal Occupation<br><b>State Representative</b>   |  | Name of Employer<br><b>State of Connecticut</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Punyakoteeswaran</b>  |  | First<br><b>Swapna</b>  |                                    | MI   | Contribution ID #<br><b>0588</b> |
| Residential Street Address<br><b>144 Scarborough Fare</b>   |  | City<br><b>Berlin</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Associate Director</b>   |  | Name of Employer<br><b>cognizant technology solutions</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Venkatachalam</b>   |  | First<br><b>Hariprakash</b>   |                                    | MI   | Contribution ID #<br><b>0589</b> |
| Residential Street Address<br><b>144 Scarborough Fare</b>   |  | City<br><b>Berlin</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Business consultant</b>  |  | Name of Employer<br><b>Newfield Technologies</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Arcangelo   |  | First<br>Charles  |                             | MI<br>V                             | Contribution ID #<br>0590 |
| Residential Street Address<br>384 Old Turnpike Rd  |  | City<br>Plantsville   |                             | State<br>CT                         | Zip Code<br>06479         |
| Principal Occupation<br>Manager  |  | Name of Employer<br>Chuck & Eddies  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/20/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Abrams  |  | First<br>Jonathan   |                             | MI<br>H                             | Contribution ID #<br>0591 |
| Residential Street Address<br>34 Far Hills Dr .  |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Woodland Anesthesiology   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/20/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Setter  |  | First<br>Frank  |                             | MI<br>J                             | Contribution ID #<br>0592 |
| Residential Street Address<br>20 Wildwood Dr   |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Woodland Anesthesiology   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/20/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gutierrez   |  | First<br>Kenneth  |                             | MI<br>T                             | Contribution ID #<br>0593 |
| Residential Street Address<br>3 Sidney Way   |  | City<br>Simsbury  |                             | State<br>CT                         | Zip Code<br>06070         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Woodland Anesthesiology   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/20/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hallas</b>   |  | First<br><b>James</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0594</b> |
| Residential Street Address<br><b>116 Ames Hollow Rd</b>  |  | City<br><b>Portland</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06480</b>         |
| Principal Occupation<br><b>Publisher</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ranmal</b>   |  | First<br><b>Sheil</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0595</b> |
| Residential Street Address<br><b>11 Birch Ln</b>   |  | City<br><b>Madison</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Computer Engineer</b>   |  | Name of Employer<br><b>United Technologies</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lakhia</b>   |  | First<br><b>Namita</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0596</b> |
| Residential Street Address<br><b>18 Applewood Rd</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>Revenue Manager</b>   |  | Name of Employer<br><b>St. Vincent Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lakhia</b>   |  | First<br><b>Amal</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0597</b> |
| Residential Street Address<br><b>18 Applewood Rd</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>President</b>   |  | Name of Employer<br><b>Energy Advisory Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ranmal</b>  |  | First<br><b>Shayla</b>  |                                    | MI   | Contribution ID #<br><b>0598</b> |
| Residential Street Address<br><b>182 Yankee Peddlor Path</b>  |  | City<br><b>Madison</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Health Manager</b>   |  | Name of Employer<br><b>Team Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ranmal</b>  |  | First<br><b>Shobhana</b>  |                                    | MI   | Contribution ID #<br><b>0599</b> |
| Residential Street Address<br><b>182 Yankee Peddlor Path</b>  |  | City<br><b>Madison</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dhani</b>   |  | First<br><b>Modhvadiya</b>  |                                    | MI   | Contribution ID #<br><b>0600</b> |
| Residential Street Address<br><b>98 Elm St</b>  |  | City<br><b>Old Saybrook</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06475</b>         |
| Principal Occupation<br><b>Sales Associates</b>   |  | Name of Employer<br><b>Walmart</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Giga</b>  |  | First<br><b>Tarun</b>   |                                    | MI   | Contribution ID #<br><b>0601</b> |
| Residential Street Address<br><b>7 Scarlet Ln</b>   |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Manager</b>  |  | Name of Employer<br><b>Foxon Cleaners</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Giga</b>  |  | First<br><b>Hema</b>  |                                    | MI   | Contribution ID #<br><b>0602</b> |
| Residential Street Address<br><b>7 Scarlet Ln</b>   |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Bank of America</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Shaku</b>   |                                    | MI   | Contribution ID #<br><b>0603</b> |
| Residential Street Address<br><b>470 E Main St</b>  |  | City<br><b>Branford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06405</b>         |
| Principal Occupation<br><b>Hotelier</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mehta</b>   |  | First<br><b>Madhu</b>   |                                    | MI   | Contribution ID #<br><b>0604</b> |
| Residential Street Address<br><b>17 Scarlet Ln</b>  |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Spencer</b>   |  | First<br><b>Mark</b>  |                                    | MI   | Contribution ID #<br><b>0605</b> |
| Residential Street Address<br><b>2160 Mountain Rd</b>   |  | City<br><b>West Suffield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06093</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Woodland Anesthesiology</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Khanna</b>  |  | First<br><b>Rachna</b>  |                                    | MI   | Contribution ID #<br><b>0748</b> |
| Residential Street Address<br><b>298 Woodland St</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Administration</b>   |  | Name of Employer<br><b>Self. Employed</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Fresher</b>   |  | First<br><b>Liana</b>   |                                    | MI<br><b>G</b>                            | Contribution ID #<br><b>0749</b> |
| Residential Street Address<br><b>39 Still Field Rd</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Development</b>  |  | Name of Employer<br><b>Hartford Foundation for Public Giving</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>VAIDYA</b>  |  | First<br><b>KIRIT</b>   |                                    | MI   | Contribution ID #<br><b>0750</b> |
| Residential Street Address<br><b>54 Quail Trl</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>PHYSICIAN</b>  |  | Name of Employer<br><b>RETIRED</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mukka</b>   |  | First<br><b>Satish</b>  |                                    | MI   | Contribution ID #<br><b>0751</b> |
| Residential Street Address<br><b>SATISH CHANDRA MUKKA</b>   |  | City<br><b>Tulsa</b>  |                                    | State<br><b>OK</b>                         | Zip Code<br><b>74134</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Warren Clinic</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/20/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dougherty</b>   |   | First<br><b>James</b>   |                                    | MI   | Contribution ID #<br><b>0752</b> |
| Residential Street Address<br><b>46 Sunset Farm Rd</b>  |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>CCPC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Marcus</b>  |   | First<br><b>Rachel</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>1036</b> |
| Residential Street Address<br><b>1 Spyglass Dr .</b>  |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Social Worker</b>  |   | Name of Employer<br><b>Hopewell Health Solutions</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Balaji</b>  |   | First<br><b>Shveta</b>  |                                    | MI   | Contribution ID #<br><b>0753</b> |
| Residential Street Address<br><b>1125 Jefferson St Apt 406</b>  |   | City<br><b>Hoboken</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07030</b>         |
| Principal Occupation<br><b>Accountant</b>   |   | Name of Employer<br><b>The New York Times</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cappa</b>   |   | First<br><b>Joseph</b>  |                                    | MI   | Contribution ID #<br><b>0754</b> |
| Residential Street Address<br><b>90 Pennywise Ln</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Connecticut GI</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cappa</b>   |   | First<br><b>Karen</b>   |                                    | MI   | Contribution ID #<br><b>0755</b> |
| Residential Street Address<br><b>90 Pennywise Ln</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Office Administrator</b>   |   | Name of Employer<br><b>Hartford Neurology</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>  |   | First<br><b>Bina</b>  |                                    | MI   | Contribution ID #<br><b>0715</b> |
| Residential Street Address<br><b>17 Lise Cir</b>  |   | City<br><b>Suffield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Billing</b>  |   | Name of Employer<br><b>Dr. Smita Bhagat</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhagat</b>  |   | First<br><b>Smita</b>   |                                    | MI   | Contribution ID #<br><b>0716</b> |
| Residential Street Address<br><b>69 Mary Catherine Cir</b>  |   | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Smita Bhagat, MD LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cohen</b>   |   | First<br><b>Bettina</b>   |                                    | MI   | Contribution ID #<br><b>0717</b> |
| Residential Street Address<br><b>5 Indian Pipe Trl</b>  |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Teacher</b>  |   | Name of Employer<br><b>Town of West Hartford</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zaldonis</b>  |  | First<br><b>Anthony</b>   |                                    | MI<br><b>T</b>                             | Contribution ID #<br><b>0718</b> |
| Residential Street Address<br><b>12 Old Orchard Rd</b>  |  | City<br><b>West Granby</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06090</b>         |
| Principal Occupation<br><b>Doctor</b>   |  | Name of Employer<br><b>Prime Health Care PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Grieveson</b>   |  | First<br><b>Jeremy</b>  |                                    | MI  | Contribution ID #<br><b>0719</b> |
| Residential Street Address<br><b>3 Tryon Farm Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$75.00</b> | <b>\$75.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gopal</b>   |  | First<br><b>Pooja</b>   |                                    | MI   | Contribution ID #<br><b>0626</b> |
| Residential Street Address<br><b>3184 Vinifera Dr</b>   |  | City<br><b>San Jose</b>   |                                    | State<br><b>CA</b>                         | Zip Code<br><b>95135</b>         |
| Principal Occupation<br><b>Clinician</b>  |  | Name of Employer<br><b>Uplift Family Services</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Matson</b>  |  | First<br><b>Scott</b>   |                                    | MI   | Contribution ID #<br><b>0627</b> |
| Residential Street Address<br><b>61 Colton Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>urologist</b>  |  | Name of Employer<br><b>Physicians for Womens Health (PWH)</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Janco</b>   |  | First<br><b>Bettina</b>   |                                    | MI   | Contribution ID #<br><b>0628</b> |
| Residential Street Address<br><b>169 Hampshire Rd</b>   |  | City<br><b>Wellesley Hills</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>02481</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Snapsuites</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Suhas</b>   |  | First<br><b>Mandavalli</b>  |                                    | MI   | Contribution ID #<br><b>0629</b> |
| Residential Street Address<br><b>25 Sniffen St</b>  |  | City<br><b>Norwalk</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06851</b>         |
| Principal Occupation<br><b>Restaurant Manager</b>   |  | Name of Employer<br><b>GSNVRUCHI LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Telukuntala</b>   |  | First<br><b>Shailaja</b>  |                                    | MI   | Contribution ID #<br><b>0630</b> |
| Residential Street Address<br><b>25 Sniffen St Unit D</b>   |  | City<br><b>Norwalk</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06851</b>         |
| Principal Occupation<br><b>Restaurant Manager</b>   |  | Name of Employer<br><b>Bombay Express</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kandukuri</b>   |  | First<br><b>Sushma</b>  |                                    | MI   | Contribution ID #<br><b>0631</b> |
| Residential Street Address<br><b>25 Sniffen St Unit D</b>   |  | City<br><b>Norwalk</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06851</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Bombay Express</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dave  |  | First<br>Anoop  |                             | MI                                  | Contribution ID #<br>0632 |
| Residential Street Address<br>1499 Massachusetts Ave NW # 1012   |  | City<br>Washington  |                             | State<br>CT                         | Zip Code<br>20005         |
| Principal Occupation<br>Real Estate Agent  |  | Name of Employer<br>TBCO  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McDonald  |  | First<br>Patricia   |                             | MI<br>A                             | Contribution ID #<br>0633 |
| Residential Street Address<br>68 Garden St   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Doctor   |  | Name of Employer<br>Staring eye physicians  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Czyrko  |  | First<br>Christina  |                             | MI                                  | Contribution ID #<br>0634 |
| Residential Street Address<br>9 Hidden Oak Dr  |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Colon + Rectal Surgeons of Hartford   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lopez   |  | First<br>Juliana  |                             | MI                                  | Contribution ID #<br>0635 |
| Residential Street Address<br>35 E 65th St   |  | City<br>New York  |                             | State<br>NY                         | Zip Code<br>10065         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lopez   |  | First<br>Harry  |                             | MI                                  | Contribution ID #<br>0636 |
| Residential Street Address<br>35 E 65th St   |  | City<br>New York  |                             | State<br>NY                         | Zip Code<br>10065         |
| Principal Occupation<br>Chief Technology Officer   |  | Name of Employer<br>Home serve  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bissell   |  | First<br>Scott  |                             | MI                                  | Contribution ID #<br>0637 |
| Residential Street Address<br>156 Dug Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Orthopedic Surgeon   |  | Name of Employer<br>Collins Medical Associates  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bissell   |  | First<br>Kristin  |                             | MI                                  | Contribution ID #<br>0638 |
| Residential Street Address<br>156 Dug Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Family Physician   |  | Name of Employer<br>UConn   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Bhargava  |  | First<br>Sangita  |                             | MI                                  | Contribution ID #<br>0639 |
| Residential Street Address<br>15 Whispering Hollow Ct  |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patturi</b>   |  | First<br><b>Kishore</b>   |                                    | MI  | Contribution ID #<br><b>0640</b> |
| Residential Street Address<br><b>37 Florence Way</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>HIG</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chirunomula</b>   |  | First<br><b>Padmavati</b>   |                                    | MI   | Contribution ID #<br><b>0641</b> |
| Residential Street Address<br><b>51 Wicks End Ln</b>  |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>chirunomula</b>   |  | First<br><b>Krishnamurthy</b>   |                                    | MI   | Contribution ID #<br><b>0642</b> |
| Residential Street Address<br><b>51 Wicks End Ln</b>  |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Swaminathan</b>   |  | First<br><b>Arvind</b>  |                                    | MI   | Contribution ID #<br><b>0643</b> |
| Residential Street Address<br><b>3184 Vinifera Dr</b>   |  | City<br><b>San Jose</b>   |                                    | State<br><b>CA</b>                         | Zip Code<br><b>95135</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |  | Name of Employer<br><b>facebook</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narasimhan</b>  |  | First<br><b>Ram</b>   |                                    | MI   | Contribution ID #<br><b>0644</b> |
| Residential Street Address<br><b>1051 New Britain Ave</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>United Technologies</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Agrawal</b>   |  | First<br><b>Rachna</b>  |                                    | MI   | Contribution ID #<br><b>0645</b> |
| Residential Street Address<br><b>34 Hilltop Dr</b>  |  | City<br><b>Weatogue</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06089</b>         |
| Principal Occupation<br><b>Dance Teacher</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hussain</b>   |  | First<br><b>Nadeem</b>  |                                    | MI   | Contribution ID #<br><b>0646</b> |
| Residential Street Address<br><b>20 Burr Rd</b>   |  | City<br><b>Higganum</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06441</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Middlesex Gastro Assoc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Aronow</b>  |  | First<br><b>Michael</b>   |                                    | MI   | Contribution ID #<br><b>0647</b> |
| Residential Street Address<br><b>36 Braintree Dr</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Orthopedic Surgeon</b>   |  | Name of Employer<br><b>orthopedic assoc of Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>curry   |  | First<br>Patricia   |                             | MI                                  | Contribution ID #<br>0648 |
| Residential Street Address<br>19 Sachem Cir  |  | City<br>Meriden   |                             | State<br>CT                         | Zip Code<br>06450         |
| Principal Occupation<br>Teacher  |  | Name of Employer<br>First Congregational Nursery School   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Curry   |  | First<br>Kevin  |                             | MI                                  | Contribution ID #<br>0649 |
| Residential Street Address<br>19 Sachem Cir  |  | City<br>Meriden   |                             | State<br>CT                         | Zip Code<br>06450         |
| Principal Occupation<br>Gasoline Distributor   |  | Name of Employer<br>Danby Gasoline Marketers, INC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Kumar   |  | First<br>Satyendra  |                             | MI                                  | Contribution ID #<br>0650 |
| Residential Street Address<br>7 Balsam Dr  |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>AVP  |  | Name of Employer<br>Voya  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Narasimhan  |  | First<br>Thangu   |                             | MI                                  | Contribution ID #<br>0651 |
| Residential Street Address<br>1051 New Britain Ave   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>GIS Specialist   |  | Name of Employer<br>Town of Bloomfield  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramesh</b>  |  | First<br><b>Avinash</b>   |                                    | MI   | Contribution ID #<br><b>0652</b> |
| Residential Street Address<br><b>1815 Jefferson Park Ave # 15</b>   |  | City<br><b>Charlottesville</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>22903</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Karukonda</b>   |  | First<br><b>Veera</b>   |                                    | MI   | Contribution ID #<br><b>0653</b> |
| Residential Street Address<br><b>16 Russet Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>City of Stamford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Boisvert</b>  |  | First<br><b>Karen</b>   |                                    | MI  | Contribution ID #<br><b>0756</b> |
| Residential Street Address<br><b>35 Southgate Dr</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Training Officer</b>   |  | Name of Employer<br><b>State of CT</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/23/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>winicki</b>   |  | First<br><b>karen</b>   |                                    | MI   | Contribution ID #<br><b>0757</b> |
| Residential Street Address<br><b>4 Ridgewood Dr</b>   |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>clinical research coordinator</b>  |  | Name of Employer<br><b>Bristol Myers Squibb</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Levin   |  | First<br>Michael  |                             | MI<br>R                             | Contribution ID #<br>0885 |
| Residential Street Address<br>1719 Betony Ln   |  | City<br>Tega Cay  |                             | State<br>SC                         | Zip Code<br>29708         |
| Principal Occupation<br>Real Estate Asset Manager  |  | Name of Employer<br>Commercial Property Advisors LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Shah  |  | First<br>Jayendrakumar  |                             | MI<br>J                             | Contribution ID #<br>0886 |
| Residential Street Address<br>5330 Northwater Way  |  | City<br>Duluth  |                             | State<br>GA                         | Zip Code<br>30097         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Gninnett clinic LTD   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sang  |  | First<br>You Sung   |                             | MI                                  | Contribution ID #<br>0887 |
| Residential Street Address<br>27 Sandpiper Ln  |  | City<br>East Lyme   |                             | State<br>CT                         | Zip Code<br>06333         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Connecticut GI  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Camacho   |  | First<br>Victor   |                             | MI                                  | Contribution ID #<br>0888 |
| Residential Street Address<br>4 Windcrest Dr   |  | City<br>Granby  |                             | State<br>CT                         | Zip Code<br>06035         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Woodland Anesthesiology Associates  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Arumugaswamy  |  | First<br>Shanmugasundaram   |                             | MI                                 | Contribution ID #<br>0889 |
| Residential Street Address<br>5 Fenwick Dr   |  | City<br>Farmington  |                             | State<br>CT                        | Zip Code<br>06032         |
| Principal Occupation<br>IT   |  | Name of Employer<br>E Variant   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ibrahimi  |  | First<br>Omar   |                             | MI                                  | Contribution ID #<br>0758 |
| Residential Street Address<br>2 Hampton Rd   |  | City<br>Darien  |                             | State<br>CT                         | Zip Code<br>06820         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>CT Skin Institute   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tishler   |  | First<br>Darren   |                             | MI                                  | Contribution ID #<br>0759 |
| Residential Street Address<br>233 Bluff Point Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Surgeon  |  | Name of Employer<br>Hartford HealthCare   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tishler   |  | First<br>Stephanie  |                             | MI                                  | Contribution ID #<br>0760 |
| Residential Street Address<br>233 Bluff Point Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Consultant   |  | Name of Employer<br>Tishler Coaching Services, LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shangold</b>  |   | First<br><b>Gregory</b>   |                                    | MI   | Contribution ID #<br><b>0761</b> |
| Residential Street Address<br><b>66 Beacon Hill Dr</b>  |   | City<br><b>Storrs</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06268</b>         |
| Principal Occupation<br><b>Emergency Physician</b>  |   | Name of Employer<br><b>NEMS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Walden</b>  |   | First<br><b>Robin</b>   |                                    | MI   | Contribution ID #<br><b>0762</b> |
| Residential Street Address<br><b>241 Great Pond</b>   |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>consultant</b>   |   | Name of Employer<br><b>self employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Walden</b>  |   | First<br><b>Jeffrey</b>   |                                    | MI   | Contribution ID #<br><b>0763</b> |
| Residential Street Address<br><b>241 Great Pond Rd</b>  |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>self employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Umbach</b>  |   | First<br><b>Mathew</b>  |                                    | MI<br><b>T</b>                            | Contribution ID #<br><b>0764</b> |
| Residential Street Address<br><b>207 Bluff Point Rd</b>   |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Sales MANager</b>  |   | Name of Employer<br><b>St. Supery Winery</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>022420171</u></b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/24/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tishler   |  | First<br>Gail   |                             | MI<br>E                             | Contribution ID #<br>0765 |
| Residential Street Address<br>26 Beverly Dr  |  | City<br>Somers  |                             | State<br>CT                         | Zip Code<br>06071         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tishler   |  | First<br>Ronald   |                             | MI<br>M                             | Contribution ID #<br>0766 |
| Residential Street Address<br>26 Beverly Dr  |  | City<br>Somers  |                             | State<br>CT                         | Zip Code<br>06071         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dasari  |  | First<br>Ranganna   |                             | MI<br>C                             | Contribution ID #<br>0767 |
| Residential Street Address<br>225 Bluff Point Rd   |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Software Engineer  |  | Name of Employer<br>Adaptik corp  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lemasa  |  | First<br>David  |                             | MI<br>J                             | Contribution ID #<br>0768 |
| Residential Street Address<br>10 East Trl  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Attorney   |  | Name of Employer<br>Self Employed   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/24/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kindt</b>  | First<br><b>Cynthia</b>  | MI  | Contribution ID #<br><b>0769</b>           |
| Residential Street Address<br><b>117 Rampart Dr</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Human resources Recruiter</b>   | Name of Employer<br><b>Unemployed</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022420171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Lee</b>  | First<br><b>Jessica</b>  | MI<br><b>M</b>  | Contribution ID #<br><b>0770</b>           |
| Residential Street Address<br><b>10 East Trl</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Surgeon</b>   | Name of Employer<br><b>hartford healthcare medical group</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022420171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Wells</b>  | First<br><b>Kenneth</b>  | MI<br><b>H</b>  | Contribution ID #<br><b>0771</b>           |
| Residential Street Address<br><b>201 Dug Rd</b>  | City<br><b>South Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06073</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>IAA,LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Schwartz</b>   | First<br><b>Robert</b>   | MI  | Contribution ID #<br><b>0772</b>           |
| Residential Street Address<br><b>49 Crosby Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Eastern CT Pathology Consultants</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Tabellione</b>   | First<br><b>Cheryl</b>   | MI<br><b>L</b>  | Contribution ID #<br><b>0773</b>           |
| Residential Street Address<br><b>5 Breeds Hill Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Insurance Agent</b>   | Name of Employer<br><b>metlife Ins</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Cassanelli</b>   | First<br><b>Sandy</b>  | MI<br><b></b>   | Contribution ID #<br><b>0774</b>           |
| Residential Street Address<br><b>44 Hanover Field Rd</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Business Owner</b>  | Name of Employer<br><b>greenwich Packaging</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022420171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Hagi</b>   | First<br><b>Diane</b>  | MI<br><b></b>   | Contribution ID #<br><b>0811</b>           |
| Residential Street Address<br><b>47 Great Pond Rd</b>  | City<br><b>South Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06073</b>                   |
| Principal Occupation<br><b>Manager</b>   | Name of Employer<br><b>UPS</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Downie</b>   | First<br><b>Margaret</b>   | MI<br><b></b>   | Contribution ID #<br><b>0812</b>          |
| Residential Street Address<br><b>400 Hartford Ave</b>  | City<br><b>Wethersfield</b>  | State<br><b>CT</b>  | Zip Code<br><b>06109</b>                  |
| Principal Occupation<br><b>Fitness Instructor</b>  | Name of Employer<br><b>Personal Euphoria (self employed)</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/24/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Atwater</b>  |  | First<br><b>Matthew</b>   |                                    | MI   | Contribution ID #<br><b>0813</b> |
| Residential Street Address<br><b>400 Hartford Ave</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>CEO</b>   |  | Name of Employer<br><b>Tsunami Tsolutions</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Eisen</b>  |  | First<br><b>Marc</b>  |                                    | MI   | Contribution ID #<br><b>0814</b> |
| Residential Street Address<br><b>19 Avery Rd</b>   |  | City<br><b>Bloomfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>physician</b>   |  | Name of Employer<br><b>Connecticut Ear, Nose &amp; Throat Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dhanagar</b>   |  | First<br><b>Jayakumar</b>   |                                    | MI   | Contribution ID #<br><b>0815</b> |
| Residential Street Address<br><b>17 Kate Way</b>   |  | City<br><b>Windsor Locks</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>IT - Sr. Director</b>   |  | Name of Employer<br><b>Travelers Insurance</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hass</b>   |  | First<br><b>David</b>   |                                    | MI   | Contribution ID #<br><b>0816</b> |
| Residential Street Address<br><b>826 Rail Fence Rd</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Physicians' Alliance of CT</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>sondhi  |  | First<br>vikram   |                             | MI                                  | Contribution ID #<br>0817 |
| Residential Street Address<br>6 Great Pond Rd  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Mercy hospital  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Murphy-Setzko   |  | First<br>Marlene  |                             | MI                                  | Contribution ID #<br>0818 |
| Residential Street Address<br>73 Pinnacle Rd FARMINGTON  |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Urologist  |  | Name of Employer<br>Self employed   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Tallapureddy  |  | First<br>Sreedhar   |                             | MI                                 | Contribution ID #<br>0775 |
| Residential Street Address<br>118 Frazer Fir Rd  |  | City<br>South Windsor   |                             | State<br>CT                        | Zip Code<br>06074         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>OBGYN Group of Eastern CT   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>obbu  |  | First<br>Sahith   |                             | MI                                 | Contribution ID #<br>0776 |
| Residential Street Address<br>312 Kinne Rd   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Obbu  |  | First<br>Samira   |                             | MI                                 | Contribution ID #<br>0777 |
| Residential Street Address<br>312 Kinne Rd   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Jayesh   |                             | MI                                  | Contribution ID #<br>0778 |
| Residential Street Address<br>302 Feldspar Rdg   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Owner  |  | Name of Employer<br>Chalay LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Bangalore   |  | First<br>Srinivas   |                             | MI                                 | Contribution ID #<br>0779 |
| Residential Street Address<br>104 Harmund Pl   |  | City<br>Wethersfield  |                             | State<br>CT                        | Zip Code<br>06109         |
| Principal Occupation<br>Health Program Assistant   |  | Name of Employer<br>State of Connecticut  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Doddamane   |  | First<br>Indukala   |                             | MI                                 | Contribution ID #<br>0780 |
| Residential Street Address<br>415 Gunnar Ct  |  | City<br>Cheshire  |                             | State<br>CT                        | Zip Code<br>06410         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Self Employed   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$75.00 | \$75.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kale</b>   | First<br><b>Shilpa</b>   | MI  | Contribution ID #<br><b>0781</b>           |
| Residential Street Address<br><b>1 Knollwood Dr</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Business Analyst</b>  | Name of Employer<br><b>Cigna</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520173</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Pandey</b>   | First<br><b>Lalit</b>  | MI  | Contribution ID #<br><b>0782</b>           |
| Residential Street Address<br><b>330 Paxton Way</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520173</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Gowda</b>  | First<br><b>Viswanatha</b>   | MI  | Contribution ID #<br><b>0783</b>           |
| Residential Street Address<br><b>6B Cheryl Dr</b>  | City<br><b>Farmington</b>  | State<br><b>CT</b>  | Zip Code<br><b>06032</b>                   |
| Principal Occupation<br><b>IT</b>  | Name of Employer<br><b>the hartford Ins. group</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520173</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bangalore</b>  | First<br><b>Raju</b>   | MI<br><b>S</b>  | Contribution ID #<br><b>0784</b>           |
| Residential Street Address<br><b>61 Lenox Rd</b>   | City<br><b>Avon</b>  | State<br><b>CT</b>  | Zip Code<br><b>06001</b>                   |
| Principal Occupation<br><b>Corp QA Manager</b>   | Name of Employer<br><b>Saputo Dairy Foods</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520173</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Shah</b>   | First<br><b>Vijay</b>  | MI<br><b>V</b>  | Contribution ID #<br><b>0785</b>           |
| Residential Street Address<br><b>212 Kinne Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Engineer</b>  | Name of Employer<br><b>Self Employed</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520173</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Ramesh</b>   | First<br><b>Muniyappa</b>  | MI<br><b></b>   | Contribution ID #<br><b>0786</b>           |
| Residential Street Address<br><b>584 Birch Mountain Rd</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Hartford Hospital</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520173</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Karuppiah</b>  | First<br><b>Sabesan</b>  | MI<br><b></b>   | Contribution ID #<br><b>0787</b>           |
| Residential Street Address<br><b>1023 Mott Hill Rd</b>   | City<br><b>South Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06073</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>ECHN</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520173</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>rudravajhala</b>   | First<br><b>Rammanohar</b>   | MI<br><b>S</b>  | Contribution ID #<br><b>0659</b>          |
| Residential Street Address<br><b>10 Valley Run Dr</b>  | City<br><b>Cromwell</b>  | State<br><b>CT</b>  | Zip Code<br><b>06416</b>                  |
| Principal Occupation<br><b>Software Engineer</b>   | Name of Employer<br><b>Unemployed</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Pemmaraju   |  | First<br>Sarada   |                             | MI                                 | Contribution ID #<br>0660 |
| Residential Street Address<br>68 Crown Rdg   |  | City<br>Newington   |                             | State<br>CT                        | Zip Code<br>06111         |
| Principal Occupation<br>Software Engineer  |  | Name of Employer<br>CTS   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Pemmaraju   |  | First<br>Murali   |                             | MI<br>K                            | Contribution ID #<br>0661 |
| Residential Street Address<br>68 Crown Rdg   |  | City<br>Newington   |                             | State<br>CT                        | Zip Code<br>06111         |
| Principal Occupation<br>Engineer   |  | Name of Employer<br>Jarvis Products Corp  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Pant  |  | First<br>Rima   |                             | MI                                 | Contribution ID #<br>0662 |
| Residential Street Address<br>38 Highland St   |  | City<br>Rocky Hill  |                             | State<br>CT                        | Zip Code<br>06067         |
| Principal Occupation<br>Research   |  | Name of Employer<br>Yale University   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Srighakollapu   |  | First<br>Viswanadham  |                             | MI                                  | Contribution ID #<br>0663 |
| Residential Street Address<br>10 Sandy Ln  |  | City<br>Colchester  |                             | State<br>CT                         | Zip Code<br>06415         |
| Principal Occupation<br>Software Engineer  |  | Name of Employer<br>The Hartford Fire Insurance   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mittal</b>   |  | First<br><b>Pranay</b>  |                                    | MI   | Contribution ID #<br><b>0664</b> |
| Residential Street Address<br><b>95 Hockanum Blvd Unit 4406</b>  |  | City<br><b>Vernon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06066</b>         |
| Principal Occupation<br><b>Vice president</b>  |  | Name of Employer<br><b>Travelers Insurance</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Shanmugasundharam</b>  |  | First<br><b>Vidya</b>   |                                    | MI  | Contribution ID #<br><b>0665</b> |
| Residential Street Address<br><b>32 Lakeshore Dr # B1</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Project Manager</b>   |  | Name of Employer<br><b>CTS</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Badiola</b>  |  | First<br><b>Carlos</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0666</b> |
| Residential Street Address<br><b>5 Northmoor Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Radiology Assoc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tarantino</b>  |  | First<br><b>Lynne</b>   |                                    | MI   | Contribution ID #<br><b>0667</b> |
| Residential Street Address<br><b>11 Norwood Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Hartford Healthcare</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>022520172</u></b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jacobs</b>   |  | First<br><b>Sheila</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>0668</b> |
| Residential Street Address<br><b>24 Huntington Dr</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Nurse</b>   |  | Name of Employer<br><b>Bridgeport Hospital</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jacobs</b>   |  | First<br><b>Henry</b>   |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>0669</b> |
| Residential Street Address<br><b>24 Huntington Dr</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rubino</b>   |  | First<br><b>John</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>0670</b> |
| Residential Street Address<br><b>277 Old Mountain Rd</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rubino</b>   |  | First<br><b>Laureen</b>   |                                    | MI<br><b>F</b>                             | Contribution ID #<br><b>0671</b> |
| Residential Street Address<br><b>277 Old Mountain Rd</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Fishman   |  | First<br>Ronald   |                             | MI<br>S                             | Contribution ID #<br>0672 |
| Residential Street Address<br>3 Bay Hill Dr  |  | City<br>Bloomfield  |                             | State<br>CT                         | Zip Code<br>06002         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>McNamee   |  | First<br>Michael  |                             | MI<br>J                             | Contribution ID #<br>0673 |
| Residential Street Address<br>14 Rosedale Rd   |  | City<br>West Hartford   |                             | State<br>CT                         | Zip Code<br>06107         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Hospital of Central CT  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Yanagisawa  |  | First<br>Ken  |                             | MI<br>CT                            | Contribution ID #<br>0674 |
| Residential Street Address<br>18 Centerview Rd   |  | City<br>Woodbridge  |                             | State<br>CT                         | Zip Code<br>06525         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Southern New England ENT  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Watson  |  | First<br>Kevin  |                             | MI<br>W                             | Contribution ID #<br>0675 |
| Residential Street Address<br>1 Ingelside  |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Starling Physicians   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hauswirth</b>  |  | First<br><b>Albert</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>0676</b> |
| Residential Street Address<br><b>41 High Gate Dr .</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Insurance Agent</b>   |  | Name of Employer<br><b>Highland Capital Brokerage</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kruger</b>   |  | First<br><b>David</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0677</b> |
| Residential Street Address<br><b>73 Sycamore Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Greater Hartford Orthopedics Group</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lewinter</b>   |  | First<br><b>Jody</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0678</b> |
| Residential Street Address<br><b>73 Sycamore Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Hartford Medical Group</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cotton</b>   |  | First<br><b>Jason</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0679</b> |
| Residential Street Address<br><b>9233 Avalon Gates</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022520172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Maron</b>  | First<br><b>William</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>0680</b>           |
| Residential Street Address<br><b>8 Skibah Way</b>  | City<br><b>Bloomfield</b>  | State<br><b>CT</b>  | Zip Code<br><b>06002</b>                   |
| Principal Occupation<br><b>Ophthalmologist</b>   | Name of Employer<br><b>Self Employed</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520172</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Baldwin</b>  | First<br><b>Ann</b>  | MI<br><b></b>   | Contribution ID #<br><b>0681</b>           |
| Residential Street Address<br><b>1 Kendrick Ln</b>   | City<br><b>Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06095</b>                   |
| Principal Occupation<br><b>Public Relations</b>  | Name of Employer<br><b>Baldwin Media</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520172</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Chartier</b>   | First<br><b>Gabriela</b>   | MI<br><b>M</b>  | Contribution ID #<br><b>0682</b>           |
| Residential Street Address<br><b>6 Acorn Gln</b>   | City<br><b>Avon</b>  | State<br><b>CT</b>  | Zip Code<br><b>06001</b>                   |
| Principal Occupation<br><b>PR</b>  | Name of Employer<br><b>Baldwin Media</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022520172</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Kallor</b>   | First<br><b>Allen</b>  | MI<br><b></b>   | Contribution ID #<br><b>0722</b>          |
| Residential Street Address<br><b>107 Lyman Rd</b>  | City<br><b>West Hartford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06117</b>                  |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Self Employed</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/25/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                             |                                    |                           |
|---|---|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Place  |   | First<br>Jeffrey  |                             | MI<br>B                            | Contribution ID #<br>1198 |
| Residential Street Address<br>41 Stockbridge Dr   |   | City<br>Avon  |                             | State<br>CT                        | Zip Code<br>06001         |
| Principal Occupation<br>Executive   |   | Name of Employer<br>United Technologies   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|   |   |   |                             |                                    |                           |
|---|---|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Young  |   | First<br>Thomas   |                             | MI<br>B                            | Contribution ID #<br>1199 |
| Residential Street Address<br>268 Lovely St   |   | City<br>Avon  |                             | State<br>CT                        | Zip Code<br>06001         |
| Principal Occupation<br>Sales   |   | Name of Employer<br>worldpay US   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|   |   |   |                             |                                     |                           |
|---|---|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Shah   |   | First<br>Meena  |                             | MI<br>J                             | Contribution ID #<br>1202 |
| Residential Street Address<br>5330 Northwater Way   |   | City<br>Duluth  |                             | State<br>GA                         | Zip Code<br>30097         |
| Principal Occupation<br>Physician   |   | Name of Employer<br>Ginnett clinic LTD  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|   |   |   |                             |                                    |                           |
|---|---|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Lakshmipathy   |   | First<br>Damini   |                             | MI                                 | Contribution ID #<br>1205 |
| Residential Street Address<br>220 Kinne Rd  |   | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Student   |   | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022520173</u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/25/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Molejlo</b>   |  | First<br><b>John</b>  |                                    | MI   | Contribution ID #<br><b>1203</b> |
| Residential Street Address<br><b>4 Astunehu Dr</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>IT manager</b>   |  | Name of Employer<br><b>Pfizer</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mediboina</b>   |  | First<br><b>Durga Prasad</b>  |                                    | MI  | Contribution ID #<br><b>0684</b> |
| Residential Street Address<br><b>191 Hunyadi Ave</b>  |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Tech Exec</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Maddula</b>   |  | First<br><b>Atma</b>  |                                    | MI  | Contribution ID #<br><b>0685</b> |
| Residential Street Address<br><b>222 Castle Ave</b>   |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Principal Engineer</b>   |  | Name of Employer<br><b>peoples United Bank</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Yenduri</b>   |  | First<br><b>Padmavathi</b>  |                                    | MI  | Contribution ID #<br><b>0686</b> |
| Residential Street Address<br><b>15 Paddock Rd</b>  |  | City<br><b>East Lyme</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06333</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |  | Name of Employer<br><b>COX Inc</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhargava</b>   |  | First<br><b>Jaya</b>  |                                    | MI   | Contribution ID #<br><b>0687</b> |
| Residential Street Address<br><b>106 N Racebrook Rd</b>  |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Operation Director</b>  |  | Name of Employer<br><b>IPRO</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gundluru</b>   |  | First<br><b>Harish</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0688</b> |
| Residential Street Address<br><b>17 Ironwood Way</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Northeast Medical Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chinni</b>   |  | First<br><b>Santhi</b>  |                                    | MI   | Contribution ID #<br><b>0689</b> |
| Residential Street Address<br><b>17 Ironwood Way</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Northeast Medical Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Reddy</b>  |  | First<br><b>Teepireddy</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0690</b> |
| Residential Street Address<br><b>597 Wingfoot Rd</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Principal Consultant</b>  |  | Name of Employer<br><b>BNY</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Choudhary</b>  |  | First<br><b>Ronika</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>0691</b> |
| Residential Street Address<br><b>56 Topaz Ln</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Physicians or Womens Health (PWH)</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gade</b>   |  | First<br><b>Veena</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0692</b> |
| Residential Street Address<br><b>33 Calf Pond Ln</b>   |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ragupathy</b>  |  | First<br><b>Keerthivasan</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0693</b> |
| Residential Street Address<br><b>51 Topaz Ln</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>GE</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Muthukrishnan</b>  |  | First<br><b>Saravanan</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0694</b> |
| Residential Street Address<br><b>26 Juniper Dr</b>   |  | City<br><b>Milford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06460</b>         |
| Principal Occupation<br><b>Information Officer</b>   |  | Name of Employer<br><b>Gen RE</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Selvarajan</b>   |  | First<br><b>Sivarajan</b>   |                                    | MI   | Contribution ID #<br><b>0695</b> |
| Residential Street Address<br><b>184 Palomino Pass</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>System Engineer</b>   |  | Name of Employer<br><b>CDI Corporation</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mamidi</b>   |  | First<br><b>Hari</b>  |                                    | MI   | Contribution ID #<br><b>0696</b> |
| Residential Street Address<br><b>2 Plymouth Ln</b>   |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>Kuehne-Nagel</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kurup</b>  |  | First<br><b>Viji</b>  |                                    | MI   | Contribution ID #<br><b>0697</b> |
| Residential Street Address<br><b>1035 Daniels Farm Rd</b>  |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Yale Anesthesia University</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gogineni</b>   |  | First<br><b>Prashanti</b>   |                                    | MI   | Contribution ID #<br><b>0698</b> |
| Residential Street Address<br><b>78 Catbrier Rd</b>  |  | City<br><b>Weston</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06883</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>Affinion Group</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anumolu</b>  |  | First<br><b>Venu</b>  |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>0699</b> |
| Residential Street Address<br><b>671 Derby Milford Rd</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Director, Data &amp; Analysis</b>   |  | Name of Employer<br><b>GE</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kapoor</b>   |  | First<br><b>Saroj</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0700</b> |
| Residential Street Address<br><b>1042 Racebrook Rd</b>   |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Professor</b>   |  | Name of Employer<br><b>Quinnipiac University</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Yarlagadda</b>   |  | First<br><b>Ravindra</b>  |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>0701</b> |
| Residential Street Address<br><b>41 Birch St</b>   |  | City<br><b>Shelton</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06484</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>HCL Axon</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kumar</b>  |  | First<br><b>Monish</b>  |                                    | MI<br><b></b>                             | Contribution ID #<br><b>0702</b> |
| Residential Street Address<br><b>17 Ironwood Way</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Parimi</b>   |  | First<br><b>Rani</b>  |                                    | MI  | Contribution ID #<br><b>0703</b> |
| Residential Street Address<br><b>85 Doreen Dr</b>  |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Vedullapalli</b>   |  | First<br><b>Ratna</b>   |                                    | MI  | Contribution ID #<br><b>0704</b> |
| Residential Street Address<br><b>54 Taunton Hill Rd</b>  |  | City<br><b>Newtown</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Dentist</b>   |  | Name of Employer<br><b>Self Employed</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$80.00</b> | <b>\$80.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Vuppala</b>  |  | First<br><b>Sridevi</b>   |                                    | MI  | Contribution ID #<br><b>0705</b> |
| Residential Street Address<br><b>40 Southport Rdg</b>  |  | City<br><b>Southport</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Senior Product Manager</b>  |  | Name of Employer<br><b>GE</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Jhunja</b>   |  | First<br><b>Jane</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0706</b> |
| Residential Street Address<br><b>15 Cobblerhill Ct</b>   |  | City<br><b>Monroe</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06468</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Honnaya</b>  | First<br><b>Viswanath</b>  | MI  | Contribution ID #<br><b>0707</b>          |
| Residential Street Address<br><b>60 Trailside Dr</b>   | City<br><b>Monroe</b>  | State<br><b>CT</b>  | Zip Code<br><b>06468</b>                  |
| Principal Occupation<br><b>Consultant</b>  | Name of Employer<br><b>RNV INC</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Salian</b>   | First<br><b>Mahabala</b>   | MI  | Contribution ID #<br><b>0708</b>           |
| Residential Street Address<br><b>19 Charles Rd</b>   | City<br><b>Seymour</b>   | State<br><b>CT</b>  | Zip Code<br><b>06483</b>                   |
| Principal Occupation<br><b>Technology</b>  | Name of Employer<br><b>Yocrunch Company</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Boorgu</b>   | First<br><b>Kushalaiah</b>   | MI  | Contribution ID #<br><b>0709</b>           |
| Residential Street Address<br><b>245 Sunnyside Ave # 21</b>  | City<br><b>Fairfield</b>   | State<br><b>CT</b>  | Zip Code<br><b>06824</b>                   |
| Principal Occupation<br><b>Director of IT</b>  | Name of Employer<br><b>Peoples united Bank</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Nadella</b>  | First<br><b>Suresh</b>   | MI  | Contribution ID #<br><b>0710</b>           |
| Residential Street Address<br><b>32 Spicebush Ln</b>   | City<br><b>Shelton</b>   | State<br><b>CT</b>  | Zip Code<br><b>06484</b>                   |
| Principal Occupation<br><b>Programmer</b>  | Name of Employer<br><b>OPTUM</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Velavan   |  | First<br>Subramaniam  |                             | MI                                  | Contribution ID #<br>0711 |
| Residential Street Address<br>35 Topaz Ln  |  | City<br>Trumbull  |                             | State<br>CT                         | Zip Code<br>06611         |
| Principal Occupation<br>Vice president   |  | Name of Employer<br>Neustar   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022620171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mukka   |  | First<br>Srikanth   |                             | MI                                  | Contribution ID #<br>0712 |
| Residential Street Address<br>36 Pearl St  |  | City<br>Sandy Hook  |                             | State<br>CT                         | Zip Code<br>06482         |
| Principal Occupation<br>Software   |  | Name of Employer<br>NBC Universal   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022620171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Anumolu   |  | First<br>Kanakadurga  |                             | MI                                  | Contribution ID #<br>0713 |
| Residential Street Address<br>671 Derby Milford Rd   |  | City<br>Orange  |                             | State<br>CT                         | Zip Code<br>06477         |
| Principal Occupation<br>Senior Analyst   |  | Name of Employer<br>United Health Group   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022620171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Venkitanarayanan  |  | First<br>Kumar  |                             | MI                                  | Contribution ID #<br>0788 |
| Residential Street Address<br>45 Fawn Run  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Professor  |  | Name of Employer<br>University of Connecticut   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>022620172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Leahy</b>  | First<br><b>John</b>   | MI<br><b>T</b>  | Contribution ID #<br><b>0789</b>           |
| Residential Street Address<br><b>60 Michele Dr</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>supervisor</b>  | Name of Employer<br><b>Convex</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620172</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kansara</b>  | First<br><b>Rakesh</b>   | MI  | Contribution ID #<br><b>0790</b>           |
| Residential Street Address<br><b>74 Alpine Dr</b>  | City<br><b>Unionville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06085</b>                   |
| Principal Occupation<br><b>Financial Analyst</b>   | Name of Employer<br><b>New England Asset Management</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620172</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kansara</b>  | First<br><b>Shruti</b>   | MI<br><b>R</b>  | Contribution ID #<br><b>0791</b>           |
| Residential Street Address<br><b>74 Alpine Dr</b>  | City<br><b>Unionville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06085</b>                   |
| Principal Occupation<br><b>Homemaker</b>   | Name of Employer<br><b>Homemaker</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620172</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Thomas</b>   | First<br><b>Eliana</b>   | MI  | Contribution ID #<br><b>0792</b>           |
| Residential Street Address<br><b>8 Knoll Ln</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>Claims Ass</b>  | Name of Employer<br><b>Beatley</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>022620172</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Balaji</b>   |  | First<br><b>Shailaja</b>  |                                    | MI   | Contribution ID #<br><b>0793</b> |
| Residential Street Address<br><b>148 Bell St</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Recreation Director</b>   |  | Name of Employer<br><b>Glastonbury Healthcare Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kashyap</b>  |  | First<br><b>Vipul</b>   |                                    | MI   | Contribution ID #<br><b>0794</b> |
| Residential Street Address<br><b>199 Old Maids Ln</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Director of IT</b>  |  | Name of Employer<br><b>Northwell Health</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Wadhwa</b>   |  | First<br><b>Santosh</b>   |                                    | MI  | Contribution ID #<br><b>0795</b> |
| Residential Street Address<br><b>33 Mill St # 1C</b>   |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$75.00</b> | <b>\$75.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Wadhwa</b>   |  | First<br><b>Om</b>  |                                    | MI  | Contribution ID #<br><b>0796</b> |
| Residential Street Address<br><b>33 Mill St # 1C</b>   |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$75.00</b> | <b>\$75.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Chilakapati</b>   | First<br><b>Madhu sudhana</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>0797</b>          |
| Residential Street Address<br><b>11 Heron Nest</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Account Manager</b>  | Name of Employer<br><b>HP Enterprise</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Buch</b>  | First<br><b>Janki</b>  | MI<br><b>N</b>  | Contribution ID #<br><b>0798</b>          |
| Residential Street Address<br><b>42 Lancaster Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                  |
| Principal Occupation<br><b>Circulation Rep.</b>   | Name of Employer<br><b>Glastonbury Citizen</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Balaji</b>  | First<br><b>Ganesh</b>   | MI<br><b></b>   | Contribution ID #<br><b>0799</b>           |
| Residential Street Address<br><b>148 Bell St</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Student</b>  | Name of Employer<br><b>Student</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Shanmugam</b>   | First<br><b>Annadurai</b>  | MI<br><b></b>   | Contribution ID #<br><b>0800</b>          |
| Residential Street Address<br><b>3 Bittersweet Ct</b>   | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                  |
| Principal Occupation<br><b>Director of IT</b>   | Name of Employer<br><b>The Hartford Financial Services</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Ranganathan</b>   | First<br><b>Venkat</b>   | MI<br><b>P</b>  | Contribution ID #<br><b>0801</b>           |
| Residential Street Address<br><b>1285 Neipsic Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>IT Manager</b>   | Name of Employer<br><b>Accenture</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Thiyagarajan</b>  | First<br><b>Thakshinamoorthy</b>   | MI  | Contribution ID #<br><b>0802</b>           |
| Residential Street Address<br><b>500 Cold Spring Rd</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>Manager</b>  | Name of Employer<br><b>cognizant</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>022620172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>werner</b>  | First<br><b>Ligia</b>  | MI  | Contribution ID #<br><b>0803</b>          |
| Residential Street Address<br><b>295 E Opal Dr</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                  |
| Principal Occupation<br><b>Public Defenders Investigator</b>  | Name of Employer<br><b>State of Connecticut</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$10.00</b> |
|   |  | Amount of Contribution<br><b>\$10.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Werner</b>  | First<br><b>Karl</b>   | MI  | Contribution ID #<br><b>0804</b>          |
| Residential Street Address<br><b>295 E Opal Dr</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                  |
| Principal Occupation<br><b>Sales</b>  | Name of Employer<br><b>Hoffman</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>02/26/2017</b>  | Aggregate Contributions<br><b>\$10.00</b> |
|   |  | Amount of Contribution<br><b>\$10.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Castro  |  | First<br>Jessica  |                             | MI                                 | Contribution ID #<br>0805 |
| Residential Street Address<br>63 Alger Rd  |  | City<br>East Haddam   |                             | State<br>CT                        | Zip Code<br>06423         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$10.00 | \$10.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Corrales  |  | First<br>Michelle   |                             | MI                                 | Contribution ID #<br>0806 |
| Residential Street Address<br>63 Alger Rd  |  | City<br>East Haddam   |                             | State<br>CT                        | Zip Code<br>06423         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$10.00 | \$10.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mehta   |  | First<br>Kusum  |                             | MI                                  | Contribution ID #<br>0807 |
| Residential Street Address<br>39 Jodie Rd  |  | City<br>Framingham  |                             | State<br>MA                         | Zip Code<br>01702         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Mehta   |  | First<br>Manharlal  |                             | MI                                  | Contribution ID #<br>0808 |
| Residential Street Address<br>39 Jodie Rd  |  | City<br>Framingham  |                             | State<br>MA                         | Zip Code<br>01702         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/26/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhagat</b>  |  | First<br><b>Rajiv</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>0809</b> |
| Residential Street Address<br><b>69 Mary Catherine Cir</b>  |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Columbia University</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhagat</b>  |  | First<br><b>Jayant</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0810</b> |
| Residential Street Address<br><b>69 Mary Catherine Cir</b>  |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Self Employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Wagner</b>  |  | First<br><b>Joseph</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0819</b> |
| Residential Street Address<br><b>30 Northmoor Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Hartford HealthCare</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ward</b>  |  | First<br><b>Thomas</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0820</b> |
| Residential Street Address<br><b>18 Old Stone Xing</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Consulting Ophthalmologists, PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parmar</b>   |  | First<br><b>Surendra</b>  |                                    | MI   | Contribution ID #<br><b>0821</b> |
| Residential Street Address<br><b>166 Palomino Pass</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dorin</b>  |  | First<br><b>Ryan</b>  |                                    | MI   | Contribution ID #<br><b>0822</b> |
| Residential Street Address<br><b>15 Drury Ln</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117-1611</b>    |
| Principal Occupation<br><b>Urologist</b>   |  | Name of Employer<br><b>Hartford Healthcare Medical Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bomma</b>  |  | First<br><b>Jagadeeswar</b>   |                                    | MI   | Contribution ID #<br><b>0823</b> |
| Residential Street Address<br><b>30 Sarenee Cir</b>  |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Software engineer</b>   |  | Name of Employer<br><b>Bny mellon</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Subramaniam</b>  |  | First<br><b>Swami</b>   |                                    | MI   | Contribution ID #<br><b>0824</b> |
| Residential Street Address<br><b>24 Nottingham Blvd</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Anthem</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>SWami</b>   |  | First<br><b>Mahalakshmi</b>   |                                    | MI   | Contribution ID #<br><b>0825</b> |
| Residential Street Address<br><b>24 Nottingham Blvd</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Anthem</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>  |  | First<br><b>Neil</b>  |                                    | MI   | Contribution ID #<br><b>0826</b> |
| Residential Street Address<br><b>8 Self Ct</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>CTGI</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>  |  | First<br><b>Lisa</b>  |                                    | MI   | Contribution ID #<br><b>0827</b> |
| Residential Street Address<br><b>8 Self Ct</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Physician Trainee</b>  |  | Name of Employer<br><b>Yale University</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Udeshi</b>  |  | First<br><b>Priya</b>   |                                    | MI   | Contribution ID #<br><b>0828</b> |
| Residential Street Address<br><b>20 Reservoir Ave Apt 3</b>   |  | City<br><b>Jersey City</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07307</b>         |
| Principal Occupation<br><b>AVP, Senior Manager</b>  |  | Name of Employer<br><b>Federal Home Loan Bank of New York</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Udeshi</b>   |  | First<br><b>Rohan</b>   |                                    | MI   | Contribution ID #<br><b>0829</b> |
| Residential Street Address<br><b>20 Reservoir Ave Apt 3</b>  |  | City<br><b>Jersey City</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07307</b>         |
| Principal Occupation<br><b>Business Owner</b>  |  | Name of Employer<br><b>Health Recovery Solutions, Inc.</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lewis</b>  |  | First<br><b>Courtland</b>   |                                    | MI   | Contribution ID #<br><b>0830</b> |
| Residential Street Address<br><b>15 Poplar Hill Dr</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>orthopaedic surgeon</b>   |  | Name of Employer<br><b>Orthopedic Associates of Hartford, PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hakim-Zargar</b>   |  | First<br><b>Mariam</b>  |                                    | MI   | Contribution ID #<br><b>0831</b> |
| Residential Street Address<br><b>18 Terrace Dr</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Orthopaedic Surgeon</b>   |  | Name of Employer<br><b>New England Orthopaedic Center, LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Harshad</b>   |                                    | MI   | Contribution ID #<br><b>0832</b> |
| Residential Street Address<br><b>7 Warrior Rd</b>  |  | City<br><b>Tauntontaunton</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>02780</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Self employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kurra</b>  |  | First<br><b>Anupama</b>   |                                    | MI   | Contribution ID #<br><b>0833</b> |
| Residential Street Address<br><b>4303 Ethan Ln</b>   |  | City<br><b>Orlando</b>  |                                    | State<br><b>FL</b>                         | Zip Code<br><b>32814</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>dayal</b>  |  | First<br><b>Akansha</b>   |                                    | MI  | Contribution ID #<br><b>0834</b> |
| Residential Street Address<br><b>3422 A 19th St</b>  |  | City<br><b>San Francisco</b>  |                                    | State<br><b>CA</b>                        | Zip Code<br><b>94110</b>         |
| Principal Occupation<br><b>CPA</b>   |  | Name of Employer<br><b>Shorenstein Realty</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>damato</b>   |  | First<br><b>abe</b>   |                                    | MI   | Contribution ID #<br><b>0835</b> |
| Residential Street Address<br><b>44 Cheltenham Way</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>doctor</b>  |  | Name of Employer<br><b>hartford hospital medical group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>BHAT</b>   |  | First<br><b>ANITA</b>   |                                    | MI   | Contribution ID #<br><b>0836</b> |
| Residential Street Address<br><b>1280 Long Ridge Rd</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>CONSULTANCY</b>   |  | Name of Employer<br><b>SELF</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>BHAT</b>   |  | First<br><b>TRIVIKRAM</b>   |                                    | MI   | Contribution ID #<br><b>0837</b> |
| Residential Street Address<br><b>1280 Long Ridge Rd</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>TRADER</b>  |  | Name of Employer<br><b>SELF</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nama</b>   |  | First<br><b>Srinivas</b>  |                                    | MI   | Contribution ID #<br><b>0838</b> |
| Residential Street Address<br><b>10 Szepanski Rd</b>   |  | City<br><b>Windsor Locks</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>Software Architect</b>  |  | Name of Employer<br><b>Travelers Insurance</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gray</b>   |  | First<br><b>F.</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>0839</b> |
| Residential Street Address<br><b>25 Olmstead Ln</b>  |  | City<br><b>Ridgefield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06877</b>         |
| Principal Occupation<br><b>Orthopedic Surgeon</b>  |  | Name of Employer<br><b>Connecticut Family Orthopedics, PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Subramanian</b>  |  | First<br><b>Prasanna</b>  |                                    | MI  | Contribution ID #<br><b>0840</b> |
| Residential Street Address<br><b>1702 Sky View Dr</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Senior IT Project Manager</b>   |  | Name of Employer<br><b>United Healthcare Group</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Honiss</b>  |  | First<br><b>Robert</b>  |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>0878</b> |
| Residential Street Address<br><b>185 E Center St # 5A</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seshadri</b>  |  | First<br><b>Patricia</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0654</b> |
| Residential Street Address<br><b>29887 Via Norte</b>  |  | City<br><b>Temecula</b>   |                                    | State<br><b>CA</b>                         | Zip Code<br><b>92591</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seshadri</b>  |  | First<br><b>Iduru</b>   |                                    | MI   | Contribution ID #<br><b>0655</b> |
| Residential Street Address<br><b>29887 Via Norte</b>  |  | City<br><b>Temecula</b>   |                                    | State<br><b>CA</b>                         | Zip Code<br><b>92591</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pena</b>  |  | First<br><b>Odulia</b>  |                                    | MI   | Contribution ID #<br><b>0656</b> |
| Residential Street Address<br><b>119 Clayton Ct</b>   |  | City<br><b>Los Banos</b>  |                                    | State<br><b>CA</b>                         | Zip Code<br><b>93635</b>         |
| Principal Occupation<br><b>Clerk</b>  |  | Name of Employer<br><b>Memorial Hospital</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/27/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>uy  |  | First<br>Silvestre  |                             | MI<br>S                             | Contribution ID #<br>0657 |
| Residential Street Address<br>223 San Lorenzo St   |  | City<br>Los Banos   |                             | State<br>CA                         | Zip Code<br>93635         |
| Principal Occupation<br>Registered Nurse   |  | Name of Employer<br>Memorial Hospital   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/27/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Reddy   |  | First<br>Gundala  |                             | MI                                  | Contribution ID #<br>0658 |
| Residential Street Address<br>2576 Cedar Crest Ct  |  | City<br>Merced  |                             | State<br>CA                         | Zip Code<br>95340         |
| Principal Occupation<br>Anesthesiologist   |  | Name of Employer<br>Memorial Hospital   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/27/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>King  |  | First<br>Barbara  |                             | MI                                  | Contribution ID #<br>0720 |
| Residential Street Address<br>1985 West St Unit 53   |  | City<br>Southington   |                             | State<br>CT                         | Zip Code<br>06489         |
| Principal Occupation<br>Director   |  | Name of Employer<br>Ryder Management and consulting LLC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/28/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Niatopsky   |  | First<br>Cherie   |                             | MI<br>H                             | Contribution ID #<br>0721 |
| Residential Street Address<br>14 August Ave  |  | City<br>Wolcott   |                             | State<br>CT                         | Zip Code<br>06716         |
| Principal Occupation<br>Finance  |  | Name of Employer<br>Ryder management & Consulting LLC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>02/28/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kehl</b>   |  | First<br><b>Ann</b>   |                                    | MI<br><b>G</b>                            | Contribution ID #<br><b>0879</b> |
| Residential Street Address<br><b>44 Bell Ridge Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/28/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Khel</b>   |  | First<br><b>Douglas</b>   |                                    | MI<br><b>E</b>                            | Contribution ID #<br><b>0880</b> |
| Residential Street Address<br><b>44 Bell Ridge Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/28/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>kurra</b>  |  | First<br><b>chandana</b>  |                                    | MI   | Contribution ID #<br><b>0844</b> |
| Residential Street Address<br><b>2823 Wilford Ave</b>  |  | City<br><b>Orlando</b>  |                                    | State<br><b>FL</b>                         | Zip Code<br><b>32814</b>         |
| Principal Occupation<br><b>physician</b>   |  | Name of Employer<br><b>self employed</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/28/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seeley</b>   |  | First<br><b>Brook</b>   |                                    | MI   | Contribution ID #<br><b>0841</b> |
| Residential Street Address<br><b>71 Oakengates</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>CT ENT Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/28/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Krishnamoorthy</b>  |  | First<br><b>Sudhakar</b>  |                                    | MI  | Contribution ID #<br><b>0842</b> |
| Residential Street Address<br><b>12864 SW 50th St</b>   |  | City<br><b>Miramar</b>  |                                    | State<br><b>FL</b>                        | Zip Code<br><b>33027</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |  | Name of Employer<br><b>Carnival Cruise Line</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>02/28/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Krompinger</b>  |  | First<br><b>W Jay</b>   |                                    | MI   | Contribution ID #<br><b>0845</b> |
| Residential Street Address<br><b>295 Westmont St</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Orthopedic surgeon</b>   |  | Name of Employer<br><b>Orthopedic Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tirur</b>   |  | First<br><b>Rajeev</b>  |                                    | MI   | Contribution ID #<br><b>0846</b> |
| Residential Street Address<br><b>160 Cambridgepark Dr # 275</b>   |  | City<br><b>Cambridge</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>02140</b>         |
| Principal Occupation<br><b>Developer</b>  |  | Name of Employer<br><b>Tirur Properties</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Stein</b>   |  | First<br><b>Joshua</b>  |                                    | MI   | Contribution ID #<br><b>0847</b> |
| Residential Street Address<br><b>11 Fawn Brk</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Starling Physicians</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/01/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tirur   |  | First<br>Usha   |                             | MI                                  | Contribution ID #<br>0848 |
| Residential Street Address<br>37 Woodridge Rd  |  | City<br>Milford   |                             | State<br>MA                         | Zip Code<br>01757         |
| Principal Occupation<br>IT   |  | Name of Employer<br>BJs Corporate   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/01/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tirur   |  | First<br>Ramki  |                             | MI                                  | Contribution ID #<br>0849 |
| Residential Street Address<br>37 Woodridge Rd  |  | City<br>Milford   |                             | State<br>MA                         | Zip Code<br>01757         |
| Principal Occupation<br>Engineer   |  | Name of Employer<br>Waters Corp   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/01/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Armm  |  | First<br>Milton   |                             | MI<br>F                             | Contribution ID #<br>1037 |
| Residential Street Address<br>2 Harbourview Pl   |  | City<br>Stratford   |                             | State<br>CT                         | Zip Code<br>06615         |
| Principal Occupation<br>Urologist  |  | Name of Employer<br>Milton Armm MD PC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/01/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Terenzi   |  | First<br>Thomas   |                             | MI<br>J                             | Contribution ID #<br>1570 |
| Residential Street Address<br>215 Paley Farms Rd   |  | City<br>Portland  |                             | State<br>CT                         | Zip Code<br>06480         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>St. Francis Hospital and Medical Center   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/01/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tantri</b>   |  | First<br><b>Anupam</b>  |                                    | MI   | Contribution ID #<br><b>1129</b> |
| Residential Street Address<br><b>7115 Callender Cv</b>   |  | City<br><b>Bradenton</b>  |                                    | State<br><b>FL</b>                         | Zip Code<br><b>34202</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/02/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Cahil</b>  |  | First<br><b>Brian</b>   |                                    | MI  | Contribution ID #<br><b>1130</b> |
| Residential Street Address<br><b>4 Spring St</b>   |  | City<br><b>Portland</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06480</b>         |
| Principal Occupation<br><b>Financial Advisor</b>   |  | Name of Employer<br><b>Edward Jones</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/02/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Stutz</b>  |  | First<br><b>Stanley</b>   |                                    | MI   | Contribution ID #<br><b>1131</b> |
| Residential Street Address<br><b>185 High Wood Dr .</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Emergency Physician</b>   |  | Name of Employer<br><b>NEMS, LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/02/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zubkov</b>   |  | First<br><b>Bella</b>   |                                    | MI   | Contribution ID #<br><b>1132</b> |
| Residential Street Address<br><b>19 Bradley Way</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>dermatologist/physician</b>   |  | Name of Employer<br><b>dermatology associates of glastonbury/self</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jaswal</b>   |  | First<br><b>Pupinder</b>  |                                    | MI   | Contribution ID #<br><b>1133</b> |
| Residential Street Address<br><b>35 Penwood Xing</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Radiology Associates of Hartford, P.C.</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>MacGregor</b>  |  | First<br><b>Sandra</b>  |                                    | MI   | Contribution ID #<br><b>1134</b> |
| Residential Street Address<br><b>288 Hollister Way</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>teacher</b>   |  | Name of Employer<br><b>retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Theurkaug</b>  |  | First<br><b>Barbara</b>   |                                    | MI   | Contribution ID #<br><b>1135</b> |
| Residential Street Address<br><b>2027 Main St</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Management consultant</b>   |  | Name of Employer<br><b>Theurkauf consulting llc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Madhan</b>   |  | First<br><b>Krishnan</b>  |                                    | MI   | Contribution ID #<br><b>0890</b> |
| Residential Street Address<br><b>115 West Rd # 3727</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>ITsenior specialist</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>030420171</u></b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mager</b>  |  | First<br><b>Wendy</b>   |                                    | MI   | Contribution ID #<br><b>0968</b> |
| Residential Street Address<br><b>200 Lincoln Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>VP International Operations</b>   |  | Name of Employer<br><b>The Travelers Ins. CO</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ashman</b>   |  | First<br><b>Bonnie</b>  |                                    | MI  | Contribution ID #<br><b>1034</b> |
| Residential Street Address<br><b>153 Bayberry Ln</b>   |  | City<br><b>Westport</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06880</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>  |  | First<br><b>Anjali</b>  |                                    | MI   | Contribution ID #<br><b>0850</b> |
| Residential Street Address<br><b>6 Deerfield Trce</b>  |  | City<br><b>Burlington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06013</b>         |
| Principal Occupation<br><b>Owner/yoga instructor</b>   |  | Name of Employer<br><b>The Atma Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Mukundray</b>   |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0851</b> |
| Residential Street Address<br><b>272 Ridgewood Dr</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>  |  | First<br><b>Falguni</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>0852</b> |
| Residential Street Address<br><b>1 Serra Dr</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Owner/holistic wellness center</b>  |  | Name of Employer<br><b>The Atma Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>patel</b>  |  | First<br><b>Anant</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0853</b> |
| Residential Street Address<br><b>89 Pebblebrook Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Murthy</b>   |  | First<br><b>Mal</b>   |                                    | MI<br><b>V</b>                            | Contribution ID #<br><b>0854</b> |
| Residential Street Address<br><b>102 Orchard Hill Rd</b>   |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Business Owner</b>  |  | Name of Employer<br><b>Doss Corp</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$99.00</b> | <b>\$99.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>knowles</b>  |  | First<br><b>Rachelle</b>  |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>0855</b> |
| Residential Street Address<br><b>5 Washington St</b>   |  | City<br><b>Windsor Locks</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>Sales</b>   |  | Name of Employer<br><b>Hilton</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>030320171</u></b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Baribault</b>  |  | First<br><b>Philip</b>  |                                    | MI   | Contribution ID #<br><b>0856</b> |
| Residential Street Address<br><b>31 High St Unit 5205</b>  |  | City<br><b>East Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06118</b>         |
| Principal Occupation<br><b>Retail</b>  |  | Name of Employer<br><b>Barribault Jewelers</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Osgood</b>   |  | First<br><b>Whit</b>  |                                    | MI   | Contribution ID #<br><b>0857</b> |
| Residential Street Address<br><b>283 Dayton Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Real Estate Broker</b>  |  | Name of Employer<br><b>Whit Osgood</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>DeLorge</b>  |  | First<br><b>James</b>   |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>0858</b> |
| Residential Street Address<br><b>31 High St Unit 5205</b>  |  | City<br><b>East Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06118</b>         |
| Principal Occupation<br><b>Hospitality</b>   |  | Name of Employer<br><b>Hilton worldwide</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zeller</b>   |  | First<br><b>James</b>   |                                    | MI   | Contribution ID #<br><b>0859</b> |
| Residential Street Address<br><b>210 Woodland St</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Investigator</b>  |  | Name of Employer<br><b>State of Connecticut</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Beckett</b>  |  | First<br><b>Jill</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>0860</b> |
| Residential Street Address<br><b>308 Tryon St</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Program Manager</b>   |  | Name of Employer<br><b>Ct River Valley Chamber</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Becker</b>   |  | First<br><b>Lisbeth</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0861</b> |
| Residential Street Address<br><b>184 Lincoln Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Registrar of voters</b>   |  | Name of Employer<br><b>Town of Glastonbury</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>stearns</b>  |  | First<br><b>Judith</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0862</b> |
| Residential Street Address<br><b>53 Carriage Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Korns</b>  |  | First<br><b>Nicholos</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>0863</b> |
| Residential Street Address<br><b>73 Shagbark Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Medical Director</b>  |  | Name of Employer<br><b>Anthem, Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Crouch  |  | First<br>Pamela   |                             | MI<br>L                             | Contribution ID #<br>0864 |
| Residential Street Address<br>290 Founders St  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Sales Director   |  | Name of Employer<br>Homewood Suites Windsor Locks   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/03/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hunt  |  | First<br>Henry  |                             | MI<br>H                             | Contribution ID #<br>0865 |
| Residential Street Address<br>6 Pine Tree Ln   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Retired  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/03/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Nuzzolo   |  | First<br>Frank  |                             | MI<br>A                            | Contribution ID #<br>0866 |
| Residential Street Address<br>26 Breeds Hill Rd  |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>home builder   |  | Name of Employer<br>F N Builders, inc   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/03/2017 | Aggregate Contributions<br>\$75.00 | \$75.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Lassow  |  | First<br>Lewis  |                             | MI                                 | Contribution ID #<br>0867 |
| Residential Street Address<br>4R Pine Tree Ln  |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Financial Planner  |  | Name of Employer<br>Ameriprise Financial  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/03/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Main</b>   |  | First<br><b>andrew</b>  |                                    | MI<br><b>J</b>                            | Contribution ID #<br><b>0868</b> |
| Residential Street Address<br><b>32 Vernon St</b>  |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Davis</b>  |  | First<br><b>Brian</b>   |                                    | MI<br><b>L</b>                            | Contribution ID #<br><b>0869</b> |
| Residential Street Address<br><b>2162 Main St</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Architect</b>   |  | Name of Employer<br><b>Brian Davis Art &amp; Architecture</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>honeycomb</b>  |  | First<br><b>Steve</b>   |                                    | MI<br><b></b>                             | Contribution ID #<br><b>0870</b> |
| Residential Street Address<br><b>289 Imperial Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Regional President</b>  |  | Name of Employer<br><b>Iheartradio</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Delessio</b>   |  | First<br><b>John</b>  |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>0884</b> |
| Residential Street Address<br><b>8 Henley Cmns</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Woodland Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Corey</b>  |  | First<br><b>Mathew</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0872</b> |
| Residential Street Address<br><b>181 Center St</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Mckinnenns LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030320171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>vyas</b>   |  | First<br><b>Nikhil</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1567</b> |
| Residential Street Address<br><b>50 Pine Hurst</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>VB Tech Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/03/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gottiparthi</b>  |  | First<br><b>Sreedhar</b>  |                                    | MI   | Contribution ID #<br><b>0873</b> |
| Residential Street Address<br><b>10 Grouse Ln</b>  |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Internal Medicine of West Haven</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mehta</b>  |  | First<br><b>Anjali</b>  |                                    | MI   | Contribution ID #<br><b>0874</b> |
| Residential Street Address<br><b>229 Argyle Rd</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>women's health connecticut</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Keerthy</b>   |  | First<br><b>Sumana</b>  |                                    | MI   | Contribution ID #<br><b>0875</b> |
| Residential Street Address<br><b>14 Nature Trl</b>  |  | City<br><b>Hamden</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06518</b>         |
| Principal Occupation<br><b>Health Information Manager</b>   |  | Name of Employer<br><b>Anthem Blue Cross</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anand</b>   |  | First<br><b>Lingiah</b>   |                                    | MI   | Contribution ID #<br><b>0876</b> |
| Residential Street Address<br><b>255 Ross Ct</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anand</b>   |  | First<br><b>Vani</b>  |                                    | MI   | Contribution ID #<br><b>0877</b> |
| Residential Street Address<br><b>255 Ross Ct</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kamath</b>  |  | First<br><b>Vivekanand</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0871</b> |
| Residential Street Address<br><b>926 Rainbow Trl</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Principal</b>  |  | Name of Employer<br><b>LED lighting Enterprises</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>030320171</u></b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Sriraman</b>   | First<br><b>Sathish</b>  | MI<br><b>K</b>  | Contribution ID #<br><b>0891</b>          |
| Residential Street Address<br><b>165 Rimfield Dr</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                  |
| Principal Occupation<br><b>Software Engineer</b>   | Name of Employer<br><b>K Force</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/04/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>thiruvengada</b>   | First<br><b>Seshan</b>   | MI<br><b></b>   | Contribution ID #<br><b>0892</b>          |
| Residential Street Address<br><b>4 Woodcrest Rd</b>  | City<br><b>Seymour</b>   | State<br><b>CT</b>  | Zip Code<br><b>06483</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/04/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Solairaj</b>   | First<br><b>Sriram</b>   | MI<br><b>P</b>  | Contribution ID #<br><b>0893</b>          |
| Residential Street Address<br><b>5 Sydney Ln</b>   | City<br><b>Cromwell</b>  | State<br><b>CT</b>  | Zip Code<br><b>06416</b>                  |
| Principal Occupation<br><b>IT Senior Manager</b>   | Name of Employer<br><b>Selective Insurance</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/04/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Afzal</b>  | First<br><b>Allahoudine</b>  | MI<br><b></b>   | Contribution ID #<br><b>0894</b>          |
| Residential Street Address<br><b>54 Florence Way</b>   | City<br><b>Farmington</b>  | State<br><b>CT</b>  | Zip Code<br><b>06032</b>                  |
| Principal Occupation<br><b>Student</b>   | Name of Employer<br><b>Student</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/04/2017</b>  | Aggregate Contributions<br><b>\$30.00</b> |
|  |  | Amount of Contribution<br><b>\$30.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kuppuraj</b>   |  | First<br><b>Akila</b>   |                                    | MI  | Contribution ID #<br><b>0895</b> |
| Residential Street Address<br><b>126 Falconcrest Rd</b>  |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Manager - Integration</b>   |  | Name of Employer<br><b>Kuehne &amp; Nagel</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ramakrishnan</b>   |  | First<br><b>Prabhu</b>  |                                    | MI  | Contribution ID #<br><b>0896</b> |
| Residential Street Address<br><b>90 E Shore Blvd</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>I T Architect</b>   |  | Name of Employer<br><b>Aetna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>srinivasan</b>   |  | First<br><b>Arun</b>  |                                    | MI  | Contribution ID #<br><b>0897</b> |
| Residential Street Address<br><b>436 Old Stage Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Program Manager</b>   |  | Name of Employer<br><b>UTC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Thumatti</b>   |  | First<br><b>Bojraj</b>  |                                    | MI  | Contribution ID #<br><b>0898</b> |
| Residential Street Address<br><b>941 Ott Dr</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Consultant</b>  |  | Name of Employer<br><b>HCL</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Chiucarello   |  | First<br>Alexis   |                             | MI<br>A                            | Contribution ID #<br>0899 |
| Residential Street Address<br>40 Riverview Rd  |  | City<br>Rocky Hill  |                             | State<br>CT                        | Zip Code<br>06067         |
| Principal Occupation<br>Director   |  | Name of Employer<br>Glastonbury healthcare Center   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/04/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Sankaran  |  | First<br>Shyam  |                             | MI<br>CT                            | Contribution ID #<br>0900 |
| Residential Street Address<br>795C Long Hill Rd  |  | City<br>Middletown  |                             | State<br>CT                         | Zip Code<br>06457         |
| Principal Occupation<br>Program Manager  |  | Name of Employer<br>Avanade Inc   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Jagadeesan  |  | First<br>Venkatesan   |                             | MI<br>CT                            | Contribution ID #<br>0901 |
| Residential Street Address<br>4 Red Maple Cir  |  | City<br>Rocky Hill  |                             | State<br>CT                         | Zip Code<br>06067         |
| Principal Occupation<br>IT Consulting  |  | Name of Employer<br>Shrivishnu Consulting   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ramachandran  |  | First<br>Jayashree  |                             | MI<br>CT                            | Contribution ID #<br>0902 |
| Residential Street Address<br>1644 Farmington Ave  |  | City<br>Unionville  |                             | State<br>CT                         | Zip Code<br>06085         |
| Principal Occupation<br>Life & Business Coach  |  | Name of Employer<br>Jaya Group LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/04/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kumar</b>   |  | First<br><b>Guhan</b>   |                                    | MI   | Contribution ID #<br><b>0903</b> |
| Residential Street Address<br><b>140 Highland Ave</b>   |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>UTC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Raghavan</b>  |  | First<br><b>Sarada</b>  |                                    | MI   | Contribution ID #<br><b>0904</b> |
| Residential Street Address<br><b>140 Highland Ave</b>   |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Madabusi</b>  |  | First<br><b>lalitha</b>   |                                    | MI   | Contribution ID #<br><b>0905</b> |
| Residential Street Address<br><b>18 Fairfield Ct</b>  |  | City<br><b>Naugatuck</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06770</b>         |
| Principal Occupation<br><b>Senior Client insights consultant</b>  |  | Name of Employer<br><b>Key Bank</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kobla</b>   |  | First<br><b>Bhuvanesh</b>   |                                    | MI   | Contribution ID #<br><b>0906</b> |
| Residential Street Address<br><b>80 Winding Trl</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Gopalasamy</b>  |  | First<br><b>Saravanan</b>  |   | MI   | Contribution ID #<br><b>0907</b>              |
| Residential Street Address<br><b>12 Brentwood Dr</b>  |  | City<br><b>Farmington</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>                      |
| Principal Occupation<br><b>Senior Developer</b>   |  |  | Name of Employer<br><b>Wegraid</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Dhanasekar</b>  |  | First<br><b>Ramasamy</b>   |   | MI   | Contribution ID #<br><b>0908</b>              |
| Residential Street Address<br><b>135 Greenview Ter</b>  |  | City<br><b>Middletown</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>                      |
| Principal Occupation<br><b>Software Development Lead</b>  |  |  | Name of Employer<br><b>stanley Black &amp; Decker</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Sambandam</b>   |  | First<br><b>Santhanam</b>  |   | MI   | Contribution ID #<br><b>0909</b>              |
| Residential Street Address<br><b>10 Wintonbury Dr</b>   |  | City<br><b>Farmington</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>                      |
| Principal Occupation<br><b>Software Engineer</b>  |  |  | Name of Employer<br><b>ESPN</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>natarajan</b>   |  | First<br><b>Jayachitra</b>   |   | MI   | Contribution ID #<br><b>0910</b>              |
| Residential Street Address<br><b>166 McCormick Ln</b>   |  | City<br><b>Middletown</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>                      |
| Principal Occupation<br><b>Project Manager</b>  |  |  | Name of Employer<br><b>Aetna</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Selvaraj</b>   |  | First<br><b>Rameshkumar</b>   |                                    | MI   | Contribution ID #<br><b>0911</b> |
| Residential Street Address<br><b>166 McCormick Ln</b>  |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Senior Technical Architect</b>  |  | Name of Employer<br><b>SDG Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gurumoorthy</b>  |  | First<br><b>Balaji</b>  |                                    | MI   | Contribution ID #<br><b>0912</b> |
| Residential Street Address<br><b>17 Brook Cir</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>IT project Manager</b>  |  | Name of Employer<br><b>United Health Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narayanawamy</b>   |  | First<br><b>Kala</b>  |                                    | MI   | Contribution ID #<br><b>0913</b> |
| Residential Street Address<br><b>17 Brook Cir</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>I T Architect</b>   |  | Name of Employer<br><b>SDG Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ponnuswamy</b>   |  | First<br><b>Ravichandran</b>  |                                    | MI   | Contribution ID #<br><b>0914</b> |
| Residential Street Address<br><b>83 Eagle Holw</b>   |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Director of IT</b>  |  | Name of Employer<br><b>Travelers Insurance</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Paramasivan</b>  |  | First<br><b>Nithya</b>  |                                    | MI   | Contribution ID #<br><b>0915</b> |
| Residential Street Address<br><b>83 Eagle Holw</b>   |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Substitute Teacher</b>  |  | Name of Employer<br><b>Middletown Public School</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Moorthy</b>  |  | First<br><b>Venkat</b>  |                                    | MI   | Contribution ID #<br><b>0916</b> |
| Residential Street Address<br><b>12 Columbus Cir</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Director of IT</b>  |  | Name of Employer<br><b>Sunlife</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Moorthy</b>  |  | First<br><b>Lakshmi</b>   |                                    | MI   | Contribution ID #<br><b>0917</b> |
| Residential Street Address<br><b>12 Columbus Cir</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>Teledyne</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jawaharlal</b>   |  | First<br><b>Vennila</b>   |                                    | MI   | Contribution ID #<br><b>0918</b> |
| Residential Street Address<br><b>21 Brentwood Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jawaharlal</b>   |  | First<br><b>Kasi</b>  |                                    | MI   | Contribution ID #<br><b>0919</b> |
| Residential Street Address<br><b>21 Brentwood Dr</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>The Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Palanisamy</b>   |  | First<br><b>Nandini</b>   |                                    | MI   | Contribution ID #<br><b>0920</b> |
| Residential Street Address<br><b>11 Inwood Ln</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sathyamangalam</b>   |  | First<br><b>Prashant</b>  |                                    | MI   | Contribution ID #<br><b>0921</b> |
| Residential Street Address<br><b>20 Adams Rd</b>   |  | City<br><b>Weatogue</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06089</b>         |
| Principal Occupation<br><b>software Architect</b>  |  | Name of Employer<br><b>cognizant technology solutions</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chakravarti</b>  |  | First<br><b>Vivek</b>   |                                    | MI   | Contribution ID #<br><b>0922</b> |
| Residential Street Address<br><b>2 Daisy Ln</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>RCSD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Subramaniyam  | First<br>Lakshmi   | MI  | Contribution ID #<br>0923           |
| Residential Street Address<br>2 Daisy Ln   | City<br>Ellington  | State<br>CT   | Zip Code<br>06029                   |
| Principal Occupation<br>IT   | Name of Employer<br>RCSD   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Kumar   | First<br>Rajam   | MI  | Contribution ID #<br>0924           |
| Residential Street Address<br>140 Highland Ave   | City<br>Middletown   | State<br>CT   | Zip Code<br>06457                   |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Ponnambalam   | First<br>Muthukumar  | MI  | Contribution ID #<br>0925           |
| Residential Street Address<br>100 Lenox Dr   | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033                   |
| Principal Occupation<br>Software Engineer  | Name of Employer<br>Valassis Direct Mail   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Ayyandurai  | First<br>Malathi   | MI  | Contribution ID #<br>0926           |
| Residential Street Address<br>16 Alcott Way  | City<br>Avon   | State<br>CT   | Zip Code<br>06001                   |
| Principal Occupation<br>IT Project Manager   | Name of Employer<br>Cigna  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  |   | Amount of Contribution<br>\$100.00  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Villa</b>   |  | First<br><b>Venkata</b>   |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>0927</b> |
| Residential Street Address<br><b>45 Rachel Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhatt</b>   |  | First<br><b>Gaju</b>  |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>0928</b> |
| Residential Street Address<br><b>62 Sawka Cir</b>   |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thakkar</b>   |  | First<br><b>Binu</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0929</b> |
| Residential Street Address<br><b>156 Sperry Dr</b>  |  | City<br><b>Guilford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thakkar</b>   |  | First<br><b>Raj</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0930</b> |
| Residential Street Address<br><b>156 Sperry Dr</b>  |  | City<br><b>Guilford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Manager</b>  |  | Name of Employer<br><b>Classic Car Wash</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Bharat</b>  |                                    | MI   | Contribution ID #<br><b>0931</b> |
| Residential Street Address<br><b>15 Circle</b>  |  | City<br><b>Easton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06612</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Pexim International</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Harshida</b>  |                                    | MI   | Contribution ID #<br><b>0932</b> |
| Residential Street Address<br><b>15 Circle</b>  |  | City<br><b>Easton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06612</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Pexim International</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vaidya</b>  |  | First<br><b>Rashmi</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0933</b> |
| Residential Street Address<br><b>54 Quail Trl</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anand</b>   |  | First<br><b>Rakesh</b>  |                                    | MI   | Contribution ID #<br><b>0934</b> |
| Residential Street Address<br><b>133 Beagling Hill Cir</b>  |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Anand &amp; Anand, MD,LLP</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anand</b>  |  | First<br><b>Nalini</b>  |                                    | MI   | Contribution ID #<br><b>0935</b> |
| Residential Street Address<br><b>133 Beagling Hill Cir</b>   |  | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06824</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Anand and Anand, MD</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>shah</b>   |  | First<br><b>Ashvin</b>  |                                    | MI<br><b>v</b>                             | Contribution ID #<br><b>0936</b> |
| Residential Street Address<br><b>316 Narrow Ln</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Khona</b>  |  | First<br><b>Hemlata</b>   |                                    | MI   | Contribution ID #<br><b>0937</b> |
| Residential Street Address<br><b>20 Topaz Ln</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Clerk</b>   |  | Name of Employer<br><b>Town of Monroe</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sood</b>   |  | First<br><b>Pardeep</b>   |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0938</b> |
| Residential Street Address<br><b>255 Silver Hill Rd</b>  |  | City<br><b>Easton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06612</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Pain &amp; Spine Specialist of CT</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>sood  | First<br>Alka  | MI  | Contribution ID #<br>0939           |
| Residential Street Address<br>255 Silver Hill Rd   | City<br>Easton   | State<br>CT   | Zip Code<br>06612                   |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Homemaker  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Sureddi   | First<br>Neeraja   | MI  | Contribution ID #<br>0940           |
| Residential Street Address<br>259 Woodland Rd  | City<br>Cheshire   | State<br>CT   | Zip Code<br>06410                   |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Homemaker  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Tala  | First<br>Rajesh  | MI  | Contribution ID #<br>0941           |
| Residential Street Address<br>17 Cherrygate Ln   | City<br>Trumbull   | State<br>CT   | Zip Code<br>06611                   |
| Principal Occupation<br>President  | Name of Employer<br>Tala and Associates,LLC  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Chhabra   | First<br>Vijay   | MI<br>K   | Contribution ID #<br>0942           |
| Residential Street Address<br>992 Old Coach Rd   | City<br>Orange   | State<br>CT   | Zip Code<br>06477                   |
| Principal Occupation<br>Physician  | Name of Employer<br>Oncology Hem care of CT  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Amritlal</b>  |                                    | MI   | Contribution ID #<br><b>0943</b> |
| Residential Street Address<br><b>1696 N Broad St</b>   |  | City<br><b>Meriden</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Business Manager</b>  |  | Name of Employer<br><b>NASEEB Corp</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Schifferdecker</b>   |  | First<br><b>John</b>  |                                    | MI   | Contribution ID #<br><b>0944</b> |
| Residential Street Address<br><b>64 Heatherwood Dr</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Medical Director</b>  |  | Name of Employer<br><b>Prohealth Physicians</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gupta</b>  |  | First<br><b>Niraj</b>   |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>0945</b> |
| Residential Street Address<br><b>22 Bittersweet Ln</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Business Owner</b>  |  | Name of Employer<br><b>Jaisons International</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chhabra</b>  |  | First<br><b>Sunita</b>  |                                    | MI   | Contribution ID #<br><b>0946</b> |
| Residential Street Address<br><b>992 Old Coach Rd</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Village Medical Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>shah  | First<br>Mrudula   | MI<br>A   | Contribution ID #<br>0947           |
| Residential Street Address<br>1696 N Broad St  | City<br>Meriden  | State<br>CT   | Zip Code<br>06450                   |
| Principal Occupation<br>Medical Technologist   | Name of Employer<br>Yale New Haven Hospital  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Mehta   | First<br>Jatin   | MI<br>J   | Contribution ID #<br>0948           |
| Residential Street Address<br>32 Southport Woods Dr Bldg 2   | City<br>Southport  | State<br>CT   | Zip Code<br>06890                   |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030420172</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Benthien  | First<br>Ross  | MI  | Contribution ID #<br>1136           |
| Residential Street Address<br>25 Lakeview Dr   | City<br>West Hartford  | State<br>CT   | Zip Code<br>06117                   |
| Principal Occupation<br>Physician  | Name of Employer<br>Orthopedic Associates of Hartford  |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| Last Name<br>Jagannathan   | First<br>Senthil   | MI  | Contribution ID #<br>1137           |
| Residential Street Address<br>959 Howe Ave   | City<br>Shelton  | State<br>CT   | Zip Code<br>06484                   |
| Principal Occupation<br>Engineer   | Name of Employer<br>Anthem   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/04/2017   | Aggregate Contributions<br>\$100.00 |
|  |  | Amount of Contribution<br>\$100.00  |                                     |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Tonangi</b>  |  | First<br><b>Adinarayana</b>   |                                    | MI  | Contribution ID #<br><b>1138</b> |
| Residential Street Address<br><b>416D Heritage Vlg</b>   |  | City<br><b>Southbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06488</b>         |
| Principal Occupation<br><b>IBM Consultant</b>  |  | Name of Employer<br><b>Charter Communications</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Jayashree</b>   |                                    | MI   | Contribution ID #<br><b>1139</b> |
| Residential Street Address<br><b>316 Narrow Ln</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Medical technician</b>  |  | Name of Employer<br><b>Milford hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhargava</b>   |  | First<br><b>Ajay</b>  |                                    | MI   | Contribution ID #<br><b>1140</b> |
| Residential Street Address<br><b>106 N Racebrook Rd</b>  |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Founder &amp; CSO</b>   |  | Name of Employer<br><b>Shakti Bioresearch labs</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Keerthy</b>  |  | First<br><b>Ravi</b>  |                                    | MI   | Contribution ID #<br><b>1141</b> |
| Residential Street Address<br><b>14 Nature Trl</b>   |  | City<br><b>Hamden</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06518</b>         |
| Principal Occupation<br><b>Engineering</b>   |  | Name of Employer<br><b>City of Bridgeport</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chanda</b>  |  | First<br><b>Kaberi</b>  |                                    | MI   | Contribution ID #<br><b>0950</b> |
| Residential Street Address<br><b>137 Coram Ln</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>NEMG</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kamdar</b>  |  | First<br><b>Haren</b>   |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>0951</b> |
| Residential Street Address<br><b>15 Captains Hill Rd</b>  |  | City<br><b>Monroe</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06468</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Trivedi</b>   |  | First<br><b>Shobha</b>  |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>0952</b> |
| Residential Street Address<br><b>412 Peck Ln</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Medical Technologist</b>   |  | Name of Employer<br><b>Yale New Haven Hospital</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Chheda</b>  |  | First<br><b>Navin</b>   |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>0953</b> |
| Residential Street Address<br><b>14 Taranto Ln</b>  |  | City<br><b>West Berlin</b>  |                                    | State<br><b>NJ</b>                        | Zip Code<br><b>08091</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Jain</b>   |  | First<br><b>Kirti</b>   |                                    | MI  | Contribution ID #<br><b>0954</b> |
| Residential Street Address<br><b>235 Sterling Rd</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Realtor</b>   |  | Name of Employer<br><b>next home</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Pandya</b>   |  | First<br><b>Kamal</b>   |                                    | MI<br><b>B</b>                            | Contribution ID #<br><b>0955</b> |
| Residential Street Address<br><b>7 Jean Ter</b>  |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Momaya</b>   |  | First<br><b>Nirmala</b>   |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>0956</b> |
| Residential Street Address<br><b>23 Oak Ln</b>   |  | City<br><b>Trumbull</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06611</b>         |
| Principal Occupation<br><b>Teller</b>  |  | Name of Employer<br><b>T D Bank</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chakravarthy</b>   |  | First<br><b>Pramodh</b>   |                                    | MI   | Contribution ID #<br><b>0957</b> |
| Residential Street Address<br><b>17 Foster Dr</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Project Manager</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/04/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sekar</b>   |  | First<br><b>Uma</b>   |                                    | MI   | Contribution ID #<br><b>0958</b> |
| Residential Street Address<br><b>15 Miller Ln</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Senior qualitative analyst</b>   |  | Name of Employer<br><b>Travelers Insurance</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kulandaivadivelu</b>  |  | First<br><b>Sekar</b>   |                                    | MI   | Contribution ID #<br><b>0959</b> |
| Residential Street Address<br><b>Sekar</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Director</b>   |  | Name of Employer<br><b>Prudential financial inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sridhar</b>   |  | First<br><b>Usha</b>  |                                    | MI   | Contribution ID #<br><b>0960</b> |
| Residential Street Address<br><b>34 Steeple View Dr</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Teaching Assistant</b>   |  | Name of Employer<br><b>Vernon Public School</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kaithayk</b>  |  | First<br><b>Lal</b>   |                                    | MI  | Contribution ID #<br><b>0961</b> |
| Residential Street Address<br><b>49 Highland Ave</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Parameswaran</b>   |  | First<br><b>Anand</b>   |                                    | MI  | Contribution ID #<br><b>0962</b> |
| Residential Street Address<br><b>8 Miller Ln</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>The Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kallingal</b>  |  | First<br><b>Rajesh</b>  |                                    | MI  | Contribution ID #<br><b>0963</b> |
| Residential Street Address<br><b>18 Red Rock Ln</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>IT Lead</b>   |  | Name of Employer<br><b>Travelers Insurance</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Thekkenmar</b>   |  | First<br><b>Suresh</b>  |                                    | MI  | Contribution ID #<br><b>0964</b> |
| Residential Street Address<br><b>77 Windy Hill Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Medical Billing Services</b>  |  | Name of Employer<br><b>Med Usa Healthcare Services</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Thantry</b>  |  | First<br><b>Gopal</b>   |                                    | MI  | Contribution ID #<br><b>0965</b> |
| Residential Street Address<br><b>44 Highland Ave</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>IT</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$40.00</b> | <b>\$40.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Kundu</b>   | First<br><b>Manikana</b>   | MI  | Contribution ID #<br><b>0966</b>          |
| Residential Street Address<br><b>42 Highland Ave</b>  | City<br><b>Ellington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06029</b>                  |
| Principal Occupation<br><b>Qa Analyst</b>   | Name of Employer<br><b>I Tech Solutions</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$40.00</b> |
|   |  | Amount of Contribution<br><b>\$40.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Mohamedali</b>  | First<br><b>Shiek</b>  | MI<br><b>S</b>  | Contribution ID #<br><b>0967</b>          |
| Residential Street Address<br><b>8 W Ridge Dr</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>accounts director</b>  | Name of Employer<br><b>cognizant technology solutions</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Ramaiyan</b>  | First<br><b>Anbzhagan</b>  | MI  | Contribution ID #<br><b>1142</b>           |
| Residential Street Address<br><b>103 Gray Fox Ln</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>Software Professional</b>  | Name of Employer<br><b>Anthem Inc.</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Jimenez</b>   | First<br><b>Keith</b>  | MI  | Contribution ID #<br><b>1143</b>           |
| Residential Street Address<br><b>4545 Center Blvd Apt 2310</b>  | City<br><b>Long Island City</b>  | State<br><b>NY</b>  | Zip Code                                   |
| Principal Occupation<br><b>Business Consultant</b>  | Name of Employer<br><b>PwC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parthasarathi</b>   |   | First<br><b>Priyanka</b>  |                                    | MI   | Contribution ID #<br><b>1144</b> |
| Residential Street Address<br><b>4545 Center Blvd Apt 2310</b>  |   | City<br><b>Long Island City</b>   |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11109</b>         |
| Principal Occupation<br><b>Advertising Sales</b>  |   | Name of Employer<br><b>NinthDecimal</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Balaji</b>  |   | First<br><b>Srinivasan</b>  |                                    | MI   | Contribution ID #<br><b>1145</b> |
| Residential Street Address<br><b>9127 Stratus Cir</b>   |   | City<br><b>Manlius</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>13104</b>         |
| Principal Occupation<br><b>Engineer</b>   |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Annamalai</b>   |   | First<br><b>Valliappan</b>  |                                    | MI  | Contribution ID #<br><b>1146</b> |
| Residential Street Address<br><b>76 Windermere Village Rd</b>   |   | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Architect</b>  |   | Name of Employer<br><b>Cognizant Technology Solutions</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cassanelli</b>  |   | First<br><b>Craig</b>   |                                    | MI   | Contribution ID #<br><b>1040</b> |
| Residential Street Address<br><b>44 Hanover Field Rd</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Owner</b>  |   | Name of Employer<br><b>Greencugh Packaging</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/05/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Dwyer</b>  | First<br><b>Christine</b>  | MI<br><b>L</b>  | Contribution ID #<br><b>1041</b>          |
| Residential Street Address<br><b>24 Hanover Fields Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                  |
| Principal Occupation<br><b>Volunteer</b>   | Name of Employer<br><b>Osterman Community Foundation</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$95.00</b> |
|  |  | Amount of Contribution<br><b>\$95.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Yadavali</b>   | First<br><b>Himabindu</b>  | MI<br><b></b>   | Contribution ID #<br><b>1042</b>           |
| Residential Street Address<br><b>67 Hanover Field Rd</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>App. software advisor</b>   | Name of Employer<br><b>Aetna Inc</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Case</b>   | First<br><b>David</b>  | MI<br><b>W</b>  | Contribution ID #<br><b>1043</b>           |
| Residential Street Address<br><b>98 Imperial Dr</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>McElroy, Deutsch, Mulvaney &amp; Carpenter LLP</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Avancha</b>  | First<br><b>Raju</b>   | MI<br><b></b>   | Contribution ID #<br><b>1044</b>           |
| Residential Street Address<br><b>345 Mt Vernon Rd</b>  | City<br><b>Plantsville</b>   | State<br><b>CT</b>  | Zip Code<br><b>06479</b>                   |
| Principal Occupation<br><b>App. Dev. Manager</b>   | Name of Employer<br><b>Aetna</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Wagner</b>   | First<br><b>Susan</b>  | MI<br><b>A</b>  | Contribution ID #<br><b>1045</b>           |
| Residential Street Address<br><b>25 Hanover Fields Rd</b>  | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Person Assistant</b>  | Name of Employer<br><b>Barnum Financial Group</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Jatti</b>  | First<br><b>Suresh</b>   | MI<br><b></b>   | Contribution ID #<br><b>1046</b>           |
| Residential Street Address<br><b>67 Hanover Field Rd</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06033</b>                   |
| Principal Occupation<br><b>Director of Security</b>  | Name of Employer<br><b>ISO New England</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030520172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bowen</b>  | First<br><b>Helga</b>  | MI<br><b>P</b>  | Contribution ID #<br><b>0949</b>           |
| Residential Street Address<br><b>61 Copper Kettle Raod</b>   | City<br><b>Trumbull</b>  | State<br><b>CT</b>  | Zip Code<br><b>06611</b>                   |
| Principal Occupation<br><b>Financial Manager</b>   | Name of Employer<br><b>The Discovery Museum, Inc</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030420172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/05/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Shah</b>   | First<br><b>Ketan</b>  | MI<br><b>B</b>  | Contribution ID #<br><b>0969</b>          |
| Residential Street Address<br><b>40 Quaker Ridge Rd</b>  | City<br><b>Huntington</b>  | State<br><b>CT</b>  | Zip Code<br><b>06484</b>                  |
| Principal Occupation<br><b>Financial Advisor</b>   | Name of Employer<br><b>Raymond James Financial</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Shah</b>  | First<br><b>Ritesh</b>   | MI<br><b>H</b>  | Contribution ID #<br><b>0970</b>           |
| Residential Street Address<br><b>419 S Elm St</b>   | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>Dixwell Liquor</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Amin</b>  | First<br><b>Yogesh</b>   | MI<br><b>J</b>  | Contribution ID #<br><b>0971</b>           |
| Residential Street Address<br><b>7 Old Barn Ln</b>  | City<br><b>Guilford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06437</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>Guilford wine factory</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Patel</b>   | First<br><b>Shailen</b>  | MI  | Contribution ID #<br><b>0972</b>           |
| Residential Street Address<br><b>79 Ann St</b>  | City<br><b>Fairfield</b>   | State<br><b>CT</b>  | Zip Code<br><b>06824</b>                   |
| Principal Occupation<br><b>IT</b>   | Name of Employer<br><b>NSI</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Shah</b>  | First<br><b>Grishma</b>  | MI  | Contribution ID #<br><b>0973</b>           |
| Residential Street Address<br><b>36 Central Ave</b>   | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Manager</b>  | Name of Employer<br><b>Snack plus deli LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Hasmukh</b>   |                                    | MI   | Contribution ID #<br><b>0974</b> |
| Residential Street Address<br><b>178 Henry St</b>  |  | City<br><b>East Haven</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06512</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Happy Harry's wine and liquor</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Paresh</b>  |                                    | MI   | Contribution ID #<br><b>0975</b> |
| Residential Street Address<br><b>1560 Whalley Ave</b>  |  | City<br><b>New Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06515</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Pond Lily Motel</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Griffin</b>  |  | First<br><b>Terrance</b>  |                                    | MI   | Contribution ID #<br><b>0976</b> |
| Residential Street Address<br><b>87 Hitchcock Rd</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Sales</b>   |  | Name of Employer<br><b>CDI</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>patel</b>  |  | First<br><b>Ajit</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0977</b> |
| Residential Street Address<br><b>27 Greenfield Ln</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>Hagman's Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Kirit</b>   |                                    | MI   | Contribution ID #<br><b>0978</b> |
| Residential Street Address<br><b>864 N King St</b>  |  | City<br><b>Northampton</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01060</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Shield Hotels</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Doshi</b>   |  | First<br><b>Ashwin</b>  |                                    | MI   | Contribution ID #<br><b>0979</b> |
| Residential Street Address<br><b>10 Reservoir Dr</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Sales agent</b>  |  | Name of Employer<br><b>New York Life Ins</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Anand</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>0980</b> |
| Residential Street Address<br><b>190 Winding Rdg</b>  |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Agent</b>  |  | Name of Employer<br><b>Smith Brothers Insurance</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Rekha</b>   |                                    | MI   | Contribution ID #<br><b>0981</b> |
| Residential Street Address<br><b>46 High St</b>   |  | City<br><b>Terryville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06786</b>         |
| Principal Occupation<br><b>QC</b>   |  | Name of Employer<br><b>Smith Medical</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>  |  | First<br><b>Suresh</b>  |                                    | MI   | Contribution ID #<br><b>0982</b> |
| Residential Street Address<br><b>176 Wilbur Cross Hwy</b>  |  | City<br><b>Berlin</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Ochhav</b>  |                                    | MI   | Contribution ID #<br><b>0983</b> |
| Residential Street Address<br><b>697 Berlin Tpke</b>   |  | City<br><b>Berlin</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bajaj</b>  |  | First<br><b>Raja</b>  |                                    | MI   | Contribution ID #<br><b>0984</b> |
| Residential Street Address<br><b>24 Independence Cicle</b>   |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Regional sales manager</b>  |  | Name of Employer<br><b>CVS</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Ronak</b>   |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>0985</b> |
| Residential Street Address<br><b>36 Central Ave</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>snack plus deli LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Hitul</b>  | MI<br><b>C</b>  | Contribution ID #<br><b>0986</b>           |
| Residential Street Address<br><b>46 High St</b>  | City<br><b>Terryville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06786</b>                   |
| Principal Occupation<br><b>President</b>   | Name of Employer<br><b>Conn. Clean Room Corp</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Navin</b>  | MI<br><b>I</b>  | Contribution ID #<br><b>0987</b>           |
| Residential Street Address<br><b>40 Main St</b>  | City<br><b>Terryville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06786</b>                   |
| Principal Occupation<br><b>President</b>   | Name of Employer<br><b>Jay's motel</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Shobha</b>   | MI<br><b>N</b>  | Contribution ID #<br><b>0988</b>           |
| Residential Street Address<br><b>40 Main St</b>  | City<br><b>Terryville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06786</b>                   |
| Principal Occupation<br><b>Manager</b>   | Name of Employer<br><b>Jay's motel</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Yogesh</b>   | MI<br><b></b>   | Contribution ID #<br><b>0989</b>           |
| Residential Street Address<br><b>320 Boston Post Rd</b>  | City<br><b>Guilford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06437</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Towe Inn&amp; Suites</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Smitesh</b>   |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>0990</b> |
| Residential Street Address<br><b>10 Northrop Rd</b>  |  | City<br><b>Bethany</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06524</b>         |
| Principal Occupation<br><b>President</b>   |  | Name of Employer<br><b>Active Telephones</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Larosa</b>   |  | First<br><b>Thomas</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>0991</b> |
| Residential Street Address<br><b>203 Baileyville Rd</b>  |  | City<br><b>Middlefield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06455</b>         |
| Principal Occupation<br><b>Sales</b>   |  | Name of Employer<br><b>G&amp;G Beverage Dist</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dalsania</b>   |  | First<br><b>Savitri</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>0992</b> |
| Residential Street Address<br><b>55 Sterling Ridge Ct</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Chandu</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>0993</b> |
| Residential Street Address<br><b>30 Great Meadow Dr</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>wine press</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Champak</b>   |                                    | MI   | Contribution ID #<br><b>0994</b> |
| Residential Street Address<br><b>27 Huntington Ridge Rd</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>whitney inn &amp; suites</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Ronak</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>0995</b> |
| Residential Street Address<br><b>1003 Lake Percival Way</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Norwalk Liquors,LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Saraiya</b>  |  | First<br><b>Kalpna</b>  |                                    | MI   | Contribution ID #<br><b>0996</b> |
| Residential Street Address<br><b>10 Lomatra Ln</b>   |  | City<br><b>Branford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06405</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Lombard Deli</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Singh</b>  |  | First<br><b>Tejinder</b>  |                                    | MI   | Contribution ID #<br><b>0997</b> |
| Residential Street Address<br><b>1182 Chapel St</b>  |  | City<br><b>New Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Chapel Mini Mart</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Shah</b>   | First<br><b>Kusum</b>  | MI  | Contribution ID #<br><b>0998</b>           |
| Residential Street Address<br><b>697 Berlin Tpke</b>   | City<br><b>Berlin</b>  | State<br><b>CT</b>  | Zip Code<br><b>06037</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Twin Spruce Motel</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patil</b>  | First<br><b>Sanjay</b>   | MI  | Contribution ID #<br><b>0999</b>          |
| Residential Street Address<br><b>266 Whalley Ave</b>   | City<br><b>New Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06511</b>                  |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>College wine</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Paresh</b>   | MI  | Contribution ID #<br><b>1000</b>           |
| Residential Street Address<br><b>16 Reservoir Rd</b>   | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>manchester Liquor</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Sorrentino</b>   | First<br><b>Nicole</b>   | MI  | Contribution ID #<br><b>1001</b>           |
| Residential Street Address<br><b>214 Whalley Ave</b>   | City<br><b>New Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06511</b>                   |
| Principal Occupation<br><b>chiropractor</b>  | Name of Employer<br><b>Whalley Chiropractor</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Jayanti</b>   |                                    | MI   | Contribution ID #<br><b>1002</b> |
| Residential Street Address<br><b>983 Hoop Pole Rd</b>  |  | City<br><b>Guilford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Hotel Operator</b>  |  | Name of Employer<br><b>RIC Hospitality</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Janki</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>1003</b> |
| Residential Street Address<br><b>971 Hoop Pole Rd</b>  |  | City<br><b>Guilford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Motel Operator</b>  |  | Name of Employer<br><b>RK Hospitality</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Ravi</b>  |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1004</b> |
| Residential Street Address<br><b>971 Hoop Pole Rd</b>  |  | City<br><b>Guilford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Hotel Operator</b>  |  | Name of Employer<br><b>RK Hospitality</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Neha</b>   |  | First<br><b>Shah</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1005</b> |
| Residential Street Address<br><b>46 Eagle Ridge Dr</b>   |  | City<br><b>Essex</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06426</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Andy's Deli &amp; Market</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Young   |  | First<br>John   |                             | MI                                 | Contribution ID #<br>1006 |
| Residential Street Address<br>214 Whalley Ave  |  | City<br>New Haven   |                             | State<br>CT                        | Zip Code<br>06511         |
| Principal Occupation<br>chiropractor   |  | Name of Employer<br>Whalley Chiropractic  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030620171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/06/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Sandip   |                             | MI                                  | Contribution ID #<br>1007 |
| Residential Street Address<br>27 Huntington Ridge Rd   |  | City<br>Wallingford   |                             | State<br>CT                         | Zip Code<br>06492         |
| Principal Occupation<br>AVP Fin Planning   |  | Name of Employer<br>Quinnipiac Univ   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030620171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Hiten  |                             | MI                                  | Contribution ID #<br>1008 |
| Residential Street Address<br>15 Laura Cir   |  | City<br>East Haven  |                             | State<br>CT                         | Zip Code<br>06512         |
| Principal Occupation<br>Owner  |  | Name of Employer<br>East haven Wine & Spirits   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030620171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Patel   |  | First<br>Priti  |                             | MI                                  | Contribution ID #<br>1009 |
| Residential Street Address<br>178 Henry St   |  | City<br>East Haven  |                             | State<br>CT                         | Zip Code<br>06512         |
| Principal Occupation<br>Owner  |  | Name of Employer<br>Happy Harry Liquor Store  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>030620171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/06/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Kinnariben</b>  |                                    | MI   | Contribution ID #<br><b>1010</b> |
| Residential Street Address<br><b>419 S Elm St</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Technician</b>  |  | Name of Employer<br><b>Covidian</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Prashant</b>  |                                    | MI   | Contribution ID #<br><b>1011</b> |
| Residential Street Address<br><b>75 Putnam Ave</b>   |  | City<br><b>Hamden</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06517</b>         |
| Principal Occupation<br><b>member</b>  |  | Name of Employer<br><b>Snack Plus</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Mahesh</b>  |                                    | MI   | Contribution ID #<br><b>1012</b> |
| Residential Street Address<br><b>174 Shore Rd</b>  |  | City<br><b>Clinton</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06413</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>Old Colony Package Store</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Anish</b>   |                                    | MI   | Contribution ID #<br><b>1013</b> |
| Residential Street Address<br><b>46 Eagle Ridge Dr</b>   |  | City<br><b>Essex</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06426</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Andy's Deli &amp; Market</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Neela</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>1014</b>           |
| Residential Street Address<br><b>8 Nadia's Way</b>   | City<br><b>Farmington</b>  | State<br><b>CT</b>  | Zip Code<br><b>06032</b>                   |
| Principal Occupation<br><b>Homemaker</b>   | Name of Employer<br><b>Homemaker</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>030620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Chapatwala</b>   | First<br><b>Hiren</b>  | MI  | Contribution ID #<br><b>1015</b>           |
| Residential Street Address<br><b>375 E Main St</b>   | City<br><b>Branford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06405</b>                   |
| Principal Occupation<br><b>Hotel Agent</b>   | Name of Employer<br><b>Jai Sai LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>030620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Bhaven</b>   | MI  | Contribution ID #<br><b>1016</b>           |
| Residential Street Address<br><b>341 Grand Ave</b>   | City<br><b>New Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06513</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>AROyo Wine &amp; Spirits</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>030620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Kaushik</b>  | MI  | Contribution ID #<br><b>1017</b>           |
| Residential Street Address<br><b>2207 Berlin Tpke</b>  | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Summit Motel</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>030620171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Sitaram</b>  | MI  | Contribution ID #<br><b>1018</b>           |
| Residential Street Address<br><b>20 Reservoir Dr</b>   | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Manchester Liquor</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Sanghvi</b>  | First<br><b>Ramesh</b>   | MI<br><b>G</b>  | Contribution ID #<br><b>1019</b>           |
| Residential Street Address<br><b>57 High Hill Rd</b>   | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Bhatt</b>  | First<br><b>Ghanshyam</b>  | MI<br><b>K</b>  | Contribution ID #<br><b>1020</b>           |
| Residential Street Address<br><b>29 Randolph Farm Rd</b>   | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06461</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Hampton Inn</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patel</b>  | First<br><b>Bhavika</b>  | MI  | Contribution ID #<br><b>1021</b>          |
| Residential Street Address<br><b>52B Robert Treat Dr</b>   | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06460</b>                  |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Yale bowl liquor store</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bhandari</b>   |  | First<br><b>Ram</b>   |                                    | MI  | Contribution ID #<br><b>1022</b> |
| Residential Street Address<br><b>2 Mathew Rd</b>   |  | City<br><b>Branford</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06405</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Elm City Wireless</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Yamini</b>  |                                    | MI   | Contribution ID #<br><b>1023</b> |
| Residential Street Address<br><b>2341 Grand Ave</b>  |  | City<br><b>New Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06316</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Arroyo Package</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Komalben</b>  |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1024</b> |
| Residential Street Address<br><b>358 Woodhouse Ave</b>   |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>yale bowl liquor store</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Bidin</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1025</b> |
| Residential Street Address<br><b>358 Woodhouse Ave</b>   |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>sawmill Liquor</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Harshadbhai</b>   |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1026</b> |
| Residential Street Address<br><b>102 Blue Hills Ave</b>  |  | City<br><b>Hamden</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06514</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>woodstock liquor</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Amin</b>   |  | First<br><b>Devendra</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1027</b> |
| Residential Street Address<br><b>6 Taylor Ln</b>   |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>whitney Package</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhandare</b>   |  | First<br><b>Pramod</b>  |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>1028</b> |
| Residential Street Address<br><b>211 Miller Ave</b>  |  | City<br><b>Meriden</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06450</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Elm City Wireless</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Ashok</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1029</b> |
| Residential Street Address<br><b>2672 Berlin Tpke</b>  |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Marine Package</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Ilesh</b>  | MI  | Contribution ID #<br><b>1030</b>           |
| Residential Street Address<br><b>126 Brook Run Ln</b>  | City<br><b>Stamford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06905</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Co-op Liquor</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>patel</b>  | First<br><b>Viral</b>  | MI  | Contribution ID #<br><b>1031</b>           |
| Residential Street Address<br><b>1273 Wolcott Rd</b>   | City<br><b>Wolcott</b>   | State<br><b>CT</b>  | Zip Code<br><b>06716</b>                   |
| Principal Occupation<br><b>Motel Operator</b>  | Name of Employer<br><b>Branford Motel</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patel</b>  | First<br><b>Dinesh</b>   | MI<br><b>J</b>  | Contribution ID #<br><b>1032</b>          |
| Residential Street Address<br><b>52 B Robert Treat Dr</b>  | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06460</b>                  |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>sawmill Liquor</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Gor</b>  | First<br><b>Himansu</b>  | MI  | Contribution ID #<br><b>1033</b>           |
| Residential Street Address<br><b>1015 Boston Post Rd</b>   | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06460</b>                   |
| Principal Occupation<br><b>Manager</b>   | Name of Employer<br><b>super 8 Motel</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>030620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/06/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ghumman</b>   |   | First<br><b>Khuram</b>  |                                    | MI   | Contribution ID #<br><b>1147</b> |
| Residential Street Address<br><b>11 Waverly Way</b>   |   | City<br><b>East Granby</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06026</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>East Granby Family Practice, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Singh</b>   |   | First<br><b>Bhavna</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>1148</b> |
| Residential Street Address<br><b>198 Southpond Rd</b>   |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Pediatrician</b>   |   | Name of Employer<br><b>Sacheti Pediatrics</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$75.00</b> | <b>\$75.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Singh</b>   |   | First<br><b>Joseph</b>  |                                    | MI   | Contribution ID #<br><b>1149</b> |
| Residential Street Address<br><b>198 Southpond Rd</b>   |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Transplant Nephrologist</b>  |   | Name of Employer<br><b>Starling Physicians</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gelb</b>  |   | First<br><b>David</b>   |                                    | MI   | Contribution ID #<br><b>1150</b> |
| Residential Street Address<br><b>47 Norwood Rd</b>  |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Dentist</b>  |   | Name of Employer<br><b>Dr. DAVID A Gelb DDS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jarvis</b>  |  | First<br><b>penfield</b>  |                                    | MI   | Contribution ID #<br><b>1151</b> |
| Residential Street Address<br><b>195 Bloomfield Ave</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Executive</b>  |  | Name of Employer<br><b>Penco Corporation</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Prasad</b>  |  | First<br><b>Ram</b>   |                                    | MI   | Contribution ID #<br><b>1152</b> |
| Residential Street Address<br><b>78 Frazer Fir Rd</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Prasad</b>  |  | First<br><b>Shamantha</b>   |                                    | MI   | Contribution ID #<br><b>1153</b> |
| Residential Street Address<br><b>78 Frazer Fir Rd</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>MATHEW</b>  |  | First<br><b>TREESA</b>  |                                    | MI   | Contribution ID #<br><b>1154</b> |
| Residential Street Address<br><b>91 Andover Dr</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>SYSTEMS ANALYST</b>  |  | Name of Employer<br><b>AETNA</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hwang</b>  |  | First<br><b>Jeremy</b>  |                                    | MI   | Contribution ID #<br><b>1155</b> |
| Residential Street Address<br><b>2 Wentworth Park</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Ophthalmologist</b>   |  | Name of Employer<br><b>Solinsky EyeCare, LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Emerick</b>  |  | First<br><b>Karan</b>   |                                    | MI   | Contribution ID #<br><b>1156</b> |
| Residential Street Address<br><b>26 Visgrove Ln</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Connecticut Children's Medical Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/06/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>bober</b>  |  | First<br><b>stewart</b>   |                                    | MI   | Contribution ID #<br><b>1157</b> |
| Residential Street Address<br><b>3 Pheasant Chase</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Radiologist</b>   |  | Name of Employer<br><b>Radiologic Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mathew</b>   |  | First<br><b>Allwyn</b>  |                                    | MI   | Contribution ID #<br><b>1158</b> |
| Residential Street Address<br><b>91 Andover Dr</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Financial Systems</b>   |  | Name of Employer<br><b>PVH Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/07/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Last Name<br><b>Keshwala</b>   |  | First<br><b>Lakhanshi</b>  |   | MI   | Contribution ID #<br><b>1159</b>              |
| Residential Street Address<br><b>17 Running Brook Dr</b>   |  | City<br><b>Killingworth</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06419</b>                      |
| Principal Occupation<br><b>Electrical Engineer</b>   |  |  | Name of Employer<br><b>Electric Boat Corporation</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/07/2017</b>         |   |
|  |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Last Name<br><b>Miller</b>   |  | First<br><b>Terri</b>  |   | MI   | Contribution ID #<br><b>1160</b>              |
| Residential Street Address<br><b>76 Pennywise Ln</b>   |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Administrator</b>   |  |  | Name of Employer<br><b>DanaherLagnese</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/08/2017</b>         |   |
|  |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| Last Name<br><b>Clark</b>  |  | First<br><b>Rhoda</b>  |   | MI  | Contribution ID #<br><b>1161</b>             |
| Residential Street Address<br><b>60 Pinney St</b>  |  | City<br><b>Ellington</b>   |   | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>                     |
| Principal Occupation<br><b>Legal</b>   |  |  | Name of Employer<br><b>DANAHERLAGNESE, P.C.</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$25.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b>        |  |
|  |  |  |   | Aggregate Contributions<br><b>\$25.00</b> |  |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| Last Name<br><b>Henderson</b>  |  | First<br><b>Jason</b>  |   | MI<br><b>K</b>                            | Contribution ID #<br><b>1047</b>             |
| Residential Street Address<br><b>265 Fern St</b>   |  | City<br><b>West Hartford</b>   |   | State<br><b>CT</b>                        | Zip Code<br><b>06119</b>                     |
| Principal Occupation<br><b>Attorney</b>  |  |  | Name of Employer<br><b>DanaherLagnese PC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$25.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b>        |  |
|  |  |  |   | Aggregate Contributions<br><b>\$25.00</b> |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Miller  |  | First<br>Suzanne  |                             | MI<br>F                            | Contribution ID #<br>1048 |
| Residential Street Address<br>35 Robin Brook Dr .  |  | City<br>Newington   |                             | State<br>CT                        | Zip Code<br>06111         |
| Principal Occupation<br>Legal secretary  |  | Name of Employer<br>DanaherLagnese PC   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/09/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Wildstein   |  | First<br>Andrew   |                             | MI<br>S                             | Contribution ID #<br>1049 |
| Residential Street Address<br>135 Hitchcock Ct   |  | City<br>Cheshire  |                             | State<br>CT                         | Zip Code<br>06410         |
| Principal Occupation<br>Attorney   |  | Name of Employer<br>DanaherLagnese PC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/09/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Vautour   |  | First<br>Alice  |                             | MI<br>C                             | Contribution ID #<br>1050 |
| Residential Street Address<br>66 Good Hill Rd  |  | City<br>South Windsor   |                             | State<br>CT                         | Zip Code<br>06074         |
| Principal Occupation<br>Attorney   |  | Name of Employer<br>DanaherLagnese PC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/09/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Johnson   |  | First<br>Stuart   |                             | MI<br>C                             | Contribution ID #<br>1051 |
| Residential Street Address<br>12 Waterhouse Ln   |  | City<br>Chester   |                             | State<br>CT                         | Zip Code<br>06412         |
| Principal Occupation<br>Lawyer   |  | Name of Employer<br>DanaherLagnese PC   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/09/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pepe</b>  |  | First<br><b>Vincent</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>1052</b> |
| Residential Street Address<br><b>34 Apple Ln</b>  |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Vincent Pepe, MD, PC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pepe</b>  |  | First<br><b>Judith</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>1053</b> |
| Residential Street Address<br><b>34 Apple Ln</b>  |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Hartford Health Care</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>DeRose</b>  |  | First<br><b>Nancy</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1054</b> |
| Residential Street Address<br><b>194 Needletree Ln</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Attorney</b>   |  | Name of Employer<br><b>DanaherLagnese PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Potts</b>   |  | First<br><b>Elizabeth</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>1055</b> |
| Residential Street Address<br><b>100-2 Joshuatown Rd</b>  |  | City<br><b>Lyme</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06371</b>         |
| Principal Occupation<br><b>Marketing</b>  |  | Name of Employer<br><b>Geometrix, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Potts</b>   |   | First<br><b>David</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1056</b> |
| Residential Street Address<br><b>100-2 Joshuatown Rd</b>  |   | City<br><b>Lyme</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06371</b>         |
| Principal Occupation<br><b>Env. Scientist</b>   |   | Name of Employer<br><b>Geometrix LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Danaher</b>   |   | First<br><b>R</b>   |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1057</b> |
| Residential Street Address<br><b>80 Old North Rd</b>  |   | City<br><b>Mystic</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06335</b>         |
| Principal Occupation<br><b>Attorney</b>   |   | Name of Employer<br><b>DanaherLagnese PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mayer</b>   |   | First<br><b>Edward</b>  |                                    | MI<br><b>W</b>                             | Contribution ID #<br><b>1058</b> |
| Residential Street Address<br><b>545 Squire Hill Rd</b>   |   | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Attorney</b>   |   | Name of Employer<br><b>DanaherLagnese PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/09/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patel</b>   |   | First<br><b>Harsha</b>  |                                    | MI  | Contribution ID #<br><b>1059</b> |
| Residential Street Address<br><b>80 Hunters Ridge Rd</b>  |   | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patel</b>  | First<br><b>Sanjay</b>   | MI  | Contribution ID #<br><b>1060</b>          |
| Residential Street Address<br><b>80 Hunters Rdg</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Pretzel Maker</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Patel</b>  | First<br><b>Jyoti</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>1061</b>          |
| Residential Street Address<br><b>43 Highland St</b>  | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>Pharmacy Tech</b>   | Name of Employer<br><b>Rocky Hill Pharmacy</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Shah</b>   | First<br><b>Damini</b>   | MI  | Contribution ID #<br><b>1062</b>          |
| Residential Street Address<br><b>55 Waverly Dr</b>   | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                  |
| Principal Occupation<br><b>IT</b>  | Name of Employer<br><b>Travelers Insurance</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Desai</b>  | First<br><b>Roma</b>   | MI<br><b>P</b>  | Contribution ID #<br><b>1063</b>           |
| Residential Street Address<br><b>305 Sterling Dr</b>   | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                   |
| Principal Occupation<br><b>Audit Manager100</b>  | Name of Employer<br><b>Aetna</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>  |  | First<br><b>Parth</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1064</b> |
| Residential Street Address<br><b>305 Sterling Dr</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Director of Rehab</b>   |  | Name of Employer<br><b>Genesis Rehab</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pattani</b>  |  | First<br><b>Deepak</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1065</b> |
| Residential Street Address<br><b>462 Cardinal Ln</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Yankee Discount Liquor</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chhaya</b>   |  | First<br><b>Mukesh</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1066</b> |
| Residential Street Address<br><b>94 Julia Ter</b>  |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Banker</b>  |  | Name of Employer<br><b>Citizens Bank</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>   |  | First<br><b>Sandhya</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1067</b> |
| Residential Street Address<br><b>325 Main St</b>   |  | City<br><b>Terryville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06786</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>Plymouth Motor Lodge</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Parikh</b>   | First<br><b>Jayesh</b>   | MI<br><b>G</b>  | Contribution ID #<br><b>1068</b>           |
| Residential Street Address<br><b>325 Main St</b>   | City<br><b>Terryville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06786</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Plymouth Motor Lodge</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kanji</b>  | First<br><b>Jay</b>  | MI<br><b></b>   | Contribution ID #<br><b>1069</b>           |
| Residential Street Address<br><b>1106 Briarwood Ct</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                   |
| Principal Occupation<br><b>Field Sales Manager</b>   | Name of Employer<br><b>CDI</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Desai</b>  | First<br><b>Vinaben</b>  | MI<br><b>B</b>  | Contribution ID #<br><b>1070</b>          |
| Residential Street Address<br><b>129 Lavender Ln</b>   | City<br><b>Rocky Hill</b>  | State<br><b>CT</b>  | Zip Code<br><b>06067</b>                  |
| Principal Occupation<br><b>Homemaker</b>   | Name of Employer<br><b>Homemaker</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Shah</b>   | First<br><b>Piyush</b>   | MI<br><b></b>   | Contribution ID #<br><b>1071</b>          |
| Residential Street Address<br><b>55 Waverly Dr</b>   | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                  |
| Principal Occupation<br><b>IT</b>  | Name of Employer<br><b>Aetna</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/10/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramchandani</b>   |  | First<br><b>Deepak</b>  |                                    | MI   | Contribution ID #<br><b>1072</b> |
| Residential Street Address<br><b>28 Holland View Dr</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Sales</b>  |  | Name of Employer<br><b>Ram's clothiers</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramchandani</b>   |  | First<br><b>Punita</b>  |                                    | MI   | Contribution ID #<br><b>1073</b> |
| Residential Street Address<br><b>28 Holland View Dr</b>   |  | City<br><b>Southington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06489</b>         |
| Principal Occupation<br><b>Accountant</b>   |  | Name of Employer<br><b>ESPN</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031020171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thakur</b>  |  | First<br><b>Mrudangi</b>  |                                    | MI   | Contribution ID #<br><b>1162</b> |
| Residential Street Address<br><b>5 Morning View Ct</b>  |  | City<br><b>Amawalk</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>10501</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Cosmetics Plastic Surgeon NY</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sheth</b>   |  | First<br><b>Hansraj</b>   |                                    | MI   | Contribution ID #<br><b>1163</b> |
| Residential Street Address<br><b>5 Morning View Ct</b>  |  | City<br><b>Amawalk</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>10501</b>         |
| Principal Occupation<br><b>physician</b>  |  | Name of Employer<br><b>Hansraj Sheth General Surgery</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/10/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>garden  |  | First<br>mitchell   |                             | MI                                  | Contribution ID #<br>1164 |
| Residential Street Address<br>246 Chestnut Hill Rd   |  | City<br>Litchfield  |                             | State<br>CT                         | Zip Code<br>06759         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Litchfield County Orthopedic and Spine  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/10/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Lyons   |  | First<br>Gemma  |                             | MI                                  | Contribution ID #<br>1165 |
| Residential Street Address<br>479 Bayberry Ln  |  | City<br>Mountainside  |                             | State<br>NJ                         | Zip Code<br>07092         |
| Principal Occupation<br>Tutor  |  | Name of Employer<br>Retired   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/10/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Bugg  |  | First<br>Lisa   |                             | MI<br>P                            | Contribution ID #<br>1184 |
| Residential Street Address<br>6 W Woods Dr   |  | City<br>Clinton   |                             | State<br>CT                        | Zip Code<br>06413         |
| Principal Occupation<br>Book keeping   |  | Name of Employer<br>Insurance Marketing Group   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/10/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Bugg  |  | First<br>Steven   |                             | MI<br>E                            | Contribution ID #<br>1185 |
| Residential Street Address<br>6 W Wood Dr  |  | City<br>Clinton   |                             | State<br>CT                        | Zip Code<br>06413         |
| Principal Occupation<br>insurance Sales  |  | Name of Employer<br>Insurance Marketing Group   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/10/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cohen</b>   |   | First<br><b>Mario</b>   |                                    | MI   | Contribution ID #<br><b>1166</b> |
| Residential Street Address<br><b>5 Indian Pipe Trl</b>  |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>GHWHA</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Santanam</b>  |   | First<br><b>Lakshman</b>  |                                    | MI   | Contribution ID #<br><b>1167</b> |
| Residential Street Address<br><b>11836 James Richard Dr</b>   |   | City<br><b>Charlotte</b>  |                                    | State<br><b>NC</b>                         | Zip Code<br><b>28277</b>         |
| Principal Occupation<br><b>Engineer</b>   |   | Name of Employer<br><b>Amphion Analytical Engineering, P.A</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bhunja</b>  |   | First<br><b>Girija</b>  |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>1074</b> |
| Residential Street Address<br><b>1064 Hillstown Rd</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Unemployed</b>   |   | Name of Employer<br><b>Unemployed</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>031120171</u></b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Silva</b>   |   | First<br><b>Debora</b>  |                                    | MI  | Contribution ID #<br><b>1075</b> |
| Residential Street Address<br><b>315 Paxton Way</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Marketing</b>  |   | Name of Employer<br><b>Pratt &amp; Whitney</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b><u>031120171</u></b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$60.00</b> | <b>\$60.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Tandon  |  | First<br>Anupama  |                             | MI                                 | Contribution ID #<br>1076 |
| Residential Street Address<br>14-9 Forest Glenn Cir  |  | City<br>Middletown  |                             | State<br>CT                        | Zip Code<br>06457         |
| Principal Occupation<br>IT   |  | Name of Employer<br>Cigna   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/11/2017 | Aggregate Contributions<br>\$60.00 | \$60.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Alahari   |  | First<br>Aprupa   |                             | MI                                 | Contribution ID #<br>1077 |
| Residential Street Address<br>325 Paxton Way   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/11/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Alahari   |  | First<br>Asirva   |                             | MI                                 | Contribution ID #<br>1078 |
| Residential Street Address<br>325 Paxton Way   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/11/2017 | Aggregate Contributions<br>\$30.00 | \$30.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Alahari   |  | First<br>Krishnaveni  |                             | MI<br>N                            | Contribution ID #<br>1079 |
| Residential Street Address<br>325 Paxton Way   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Application Dev manager  |  | Name of Employer<br>Cigna   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/11/2017 | Aggregate Contributions<br>\$70.00 | \$70.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Alahari</b>  |  | First<br><b>Sai</b>   |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>1080</b> |
| Residential Street Address<br><b>325 Paxton Way</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Vice president</b>  |  | Name of Employer<br><b>Infowave Systems</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$70.00</b> | <b>\$70.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Vadlamudi</b>  |  | First<br><b>Sreenivasulu</b>  |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1081</b> |
| Residential Street Address<br><b>15 April Dr</b>   |  | City<br><b>East Windsor</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06088</b>         |
| Principal Occupation<br><b>Senior informatics specialist</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mannem</b>   |  | First<br><b>Kalpana</b>   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1082</b> |
| Residential Street Address<br><b>15 April Dr</b>   |  | City<br><b>East Windsor</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06088</b>         |
| Principal Occupation<br><b>senior informatics specialist</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narahari</b>   |  | First<br><b>Nagesh</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1083</b> |
| Residential Street Address<br><b>7 Austin Cir</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>IT Manager</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Dubauskas   | First<br>Kevin   | MI<br>A   | Contribution ID #<br>1084          |
| Residential Street Address<br>203 Feldspar Rdg   | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033                  |
| Principal Occupation<br>Software Architect   | Name of Employer<br>Insurity, INC  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2017   | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Dubauskas   | First<br>Maria   | MI<br>F   | Contribution ID #<br>1085          |
| Residential Street Address<br>203 Feldspar Rdg   | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033                  |
| Principal Occupation<br>Director Operation   | Name of Employer<br>Insurity   |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2017   | Aggregate Contributions<br>\$50.00 |
|  |  | Amount of Contribution<br>\$50.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Adapa   | First<br>Satyanarayana   | MI  | Contribution ID #<br>1086          |
| Residential Street Address<br>200 Cold Spring Rd   | City<br>Rocky Hill   | State<br>CT   | Zip Code<br>06067                  |
| Principal Occupation<br>Engagement Manager   | Name of Employer<br>Tata Consultancy Services  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2017   | Aggregate Contributions<br>\$25.00 |
|  |  | Amount of Contribution<br>\$25.00   |                                    |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Last Name<br>Uscinski  | First<br>Carol   | MI  | Contribution ID #<br>1087          |
| Residential Street Address<br>287 Paxton Way   | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033                  |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired  |   |                                    |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>031120171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br>03/11/2017   | Aggregate Contributions<br>\$25.00 |
|  |  | Amount of Contribution<br>\$25.00   |                                    |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kikanamada</b>  |  | First<br><b>Sowmya</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1088</b> |
| Residential Street Address<br><b>177 Coles Rd</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>IT Analyst</b>   |  | Name of Employer<br><b>CITI</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kikanamada</b>  |  | First<br><b>Sujaya</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1089</b> |
| Residential Street Address<br><b>177 Coles Rd</b>   |  | City<br><b>Cromwell</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06416</b>         |
| Principal Occupation<br><b>I T Architect</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Adapa</b>   |  | First<br><b>Babitha</b>   |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1090</b> |
| Residential Street Address<br><b>200 Cold Spring Rd</b>   |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Technician</b>   |  | Name of Employer<br><b>Retina Consultants</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pandit</b>  |  | First<br><b>Ajay</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1091</b> |
| Residential Street Address<br><b>12 Shady Hill Ln</b>   |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Application Dev manager</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031120171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/11/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Last Name<br><b>Patel</b>   |  | First<br><b>Sheetal</b>  |   | MI  | Contribution ID #<br><b>1092</b>             |
| Residential Street Address<br><b>67 Monroe St</b>   |  | City<br><b>Chicopee</b>  |   | State<br><b>MA</b>                        | Zip Code<br><b>01020</b>                     |
| Principal Occupation<br><b>Application Engineer</b>   |  |  | Name of Employer<br><b>Baystate Health</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b>        |  |
|   |  |  |   | Aggregate Contributions<br><b>\$50.00</b> |  |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Last Name<br><b>Rana</b>  |  | First<br><b>Anil</b>   |   | MI  | Contribution ID #<br><b>1093</b>             |
| Residential Street Address<br><b>1557 Riverdale St</b>  |  | City<br><b>West Springfield</b>  |   | State<br><b>MA</b>                        | Zip Code<br><b>01089</b>                     |
| Principal Occupation<br><b>General Manager</b>  |  |  | Name of Employer<br><b>R &amp; D Inc</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b>        |  |
|   |  |  |   | Aggregate Contributions<br><b>\$50.00</b> |  |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Last Name<br><b>Thakkar</b>   |  | First<br><b>Leena</b>  |   | MI  | Contribution ID #<br><b>1094</b>             |
| Residential Street Address<br><b>7 Wandering Mdw</b>  |  | City<br><b>Wilbraham</b>   |   | State<br><b>MA</b>                        | Zip Code<br><b>01095</b>                     |
| Principal Occupation<br><b>Homemaker</b>  |  |  | Name of Employer<br><b>Homemaker</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b>        |  |
|   |  |  |   | Aggregate Contributions<br><b>\$50.00</b> |  |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Last Name<br><b>Thakkar</b>   |  | First<br><b>Nikhil</b>   |   | MI<br><b>M</b>                            | Contribution ID #<br><b>1095</b>             |
| Residential Street Address<br><b>7 Wandering Mdws</b>   |  | City<br><b>Wilbraham</b>   |   | State<br><b>MA</b>                        | Zip Code<br><b>01095</b>                     |
| Principal Occupation<br><b>Physician</b>  |  |  | Name of Employer<br><b>Springfield Anesthesia Service</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b>        |  |
|   |  |  |   | Aggregate Contributions<br><b>\$50.00</b> |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Yogesh</b>   | MI  | Contribution ID #<br><b>1096</b>           |
| Residential Street Address<br><b>24 Kingsbury Way</b>  | City<br><b>Easthampton</b>   | State<br><b>MA</b>  | Zip Code<br><b>01027</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>St. James Liquor, LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Shailesh</b>   | MI  | Contribution ID #<br><b>1097</b>           |
| Residential Street Address<br><b>106 Capitol Dr</b>  | City<br><b>West Springfield</b>  | State<br><b>MA</b>  | Zip Code<br><b>01089</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Comfort Inn</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Shailesh</b>   | MI  | Contribution ID #<br><b>1098</b>           |
| Residential Street Address<br><b>94 Foxberry Dr</b>  | City<br><b>New Boston</b>  | State<br><b>NH</b>  | Zip Code<br><b>03070</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Clarion Hotel W Springfield</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Ashok</b>  | MI<br><b>D</b>  | Contribution ID #<br><b>1099</b>           |
| Residential Street Address<br><b>55 Old Belchertown Rd</b>   | City<br><b>Ware</b>  | State<br><b>MA</b>  | Zip Code<br><b>01082</b>                   |
| Principal Occupation<br><b>REtail Manager</b>  | Name of Employer<br><b>Grog Shoppe</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Rajendra</b>   | MI<br><b>R</b>  | Contribution ID #<br><b>1100</b>           |
| Residential Street Address<br><b>560 Riverdale St</b>  | City<br><b>West Springfield</b>  | State<br><b>MA</b>  | Zip Code<br><b>01089</b>                   |
| Principal Occupation<br><b>Motel Owner</b>   | Name of Employer<br><b>Red Carpet Inn</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>031220171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Singh</b>  | First<br><b>Jagdish</b>  | MI<br><b>MA</b>   | Contribution ID #<br><b>1101</b>          |
| Residential Street Address<br><b>419 Brisge Rd</b>   | City<br><b>Florence</b>  | State<br><b>MA</b>  | Zip Code<br><b>01062</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>031220171</b></u>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$31.00</b> |
|  |  | Amount of Contribution<br><b>\$31.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Reshamwala</b>   | First<br><b>Prabodh</b>  | MI<br><b>MA</b>   | Contribution ID #<br><b>1102</b>          |
| Residential Street Address<br><b>127 Forest Hill Rd</b>  | City<br><b>Feeding Hills</b>   | State<br><b>MA</b>  | Zip Code<br><b>01030</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>031220171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Nayyar</b>   | First<br><b>Jiwan</b>  | MI<br><b>MA</b>   | Contribution ID #<br><b>1103</b>          |
| Residential Street Address<br><b>130 Cambridge Cir</b>   | City<br><b>Longmeadow</b>  | State<br><b>MA</b>  | Zip Code<br><b>01106</b>                  |
| Principal Occupation<br><b>development manager</b>   | Name of Employer<br><b>Lydall</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>031220171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Kirit</b>   |                                    | MI  | Contribution ID #<br><b>1104</b> |
| Residential Street Address<br><b>20 West St</b>  |  | City<br><b>West Hatfield</b>  |                                    | State<br><b>MA</b>                        | Zip Code<br><b>01088</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Scottis Inn</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Grover</b>   |  | First<br><b>Neena</b>   |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>1105</b> |
| Residential Street Address<br><b>908 Frank Smith Rd</b>  |  | City<br><b>Longmeadow</b>   |                                    | State<br><b>MA</b>                        | Zip Code<br><b>01106</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Tarun</b>   |                                    | MI  | Contribution ID #<br><b>1106</b> |
| Residential Street Address<br><b>13 Regina Dr</b>  |  | City<br><b>Windsor Locks</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06096</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Dollar N Things</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bhatia</b>   |  | First<br><b>Sanjeev</b>   |                                    | MI  | Contribution ID #<br><b>1107</b> |
| Residential Street Address<br><b>9 Apple Tree Ln</b>   |  | City<br><b>Easthampton</b>  |                                    | State<br><b>MA</b>                        | Zip Code<br><b>01027</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Subway</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Rana</b>  | First<br><b>Dilip</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>1108</b>          |
| Residential Street Address<br><b>1340 Piper Rd</b>  | City<br><b>West Springfield</b>  | State<br><b>MA</b>  | Zip Code<br><b>01089</b>                  |
| Principal Occupation<br><b>General Manager</b>  | Name of Employer<br><b>super 8 motel</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Adlakha</b>   | First<br><b>Purnima</b>  | MI<br><b></b>   | Contribution ID #<br><b>1109</b>          |
| Residential Street Address<br><b>556 Pinewood Dr</b>  | City<br><b>Longmeadow</b>  | State<br><b>MA</b>  | Zip Code<br><b>01106</b>                  |
| Principal Occupation<br><b>Physician</b>  | Name of Employer<br><b>Purnima Adlakha, MD</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$51.00</b> |
|   |  | Amount of Contribution<br><b>\$51.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Sankalia</b>  | First<br><b>Nilay</b>  | MI<br><b></b>   | Contribution ID #<br><b>1110</b>           |
| Residential Street Address<br><b>16 Danny Ln</b>  | City<br><b>Agawam</b>  | State<br><b>MA</b>  | Zip Code<br><b>01001</b>                   |
| Principal Occupation<br><b>VP Sales &amp; Marketing</b>   | Name of Employer<br><b>Medtronic</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Patel</b>   | First<br><b>Subhash</b>  | MI<br><b></b>   | Contribution ID #<br><b>1111</b>           |
| Residential Street Address<br><b>50 Russell Rd</b>  | City<br><b>Westfield</b>   | State<br><b>MA</b>  | Zip Code<br><b>01085</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>Elm Motel</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Sanjay</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1112</b> |
| Residential Street Address<br><b>592 Birnie Ave</b>  |  | City<br><b>West Springfield</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01089</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>Twin Stop</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Natu</b>  |                                    | MI<br><b>MA</b>                            | Contribution ID #<br><b>1113</b> |
| Residential Street Address<br><b>43 Westview Ln</b>  |  | City<br><b>Feeding Hills</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01030</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Patel Bros</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Kirna</b>   |                                    | MI<br><b>MA</b>                            | Contribution ID #<br><b>1114</b> |
| Residential Street Address<br><b>43 Westview Ln</b>  |  | City<br><b>Feeding Hills</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01030</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Pael Bros</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rayonia</b>  |  | First<br><b>Rajesh</b>  |                                    | MI<br><b>MA</b>                            | Contribution ID #<br><b>1115</b> |
| Residential Street Address<br><b>132 Glendale Rd</b>   |  | City<br><b>Agawam</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01001</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>St. James check Cashing</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gada</b>   |  | First<br><b>Hansraj</b>   |                                    | MI   | Contribution ID #<br><b>1116</b> |
| Residential Street Address<br><b>15 Worthington Brook Cir</b>  |  | City<br><b>Agawam</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01001</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Ryan's Package</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Dinesh</b>  |                                    | MI   | Contribution ID #<br><b>1117</b> |
| Residential Street Address<br><b>87 Favorite Ln</b>  |  | City<br><b>East Longmeadow</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01028</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Hampron Inn</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Shabtibhai</b>  |                                    | MI   | Contribution ID #<br><b>1118</b> |
| Residential Street Address<br><b>228 West St</b>   |  | City<br><b>West Hatfield</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01068</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Krishna, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Trivedi</b>  |  | First<br><b>Bharat</b>  |                                    | MI   | Contribution ID #<br><b>1119</b> |
| Residential Street Address<br><b>2 S Hampton Rd</b>  |  | City<br><b>Westfield</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01085</b>         |
| Principal Occupation<br><b>Manager</b>   |  | Name of Employer<br><b>Quality Inn</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Sanjay</b>   | MI  | Contribution ID #<br><b>1120</b>           |
| Residential Street Address<br><b>35 Woodbrook Ter</b>  | City<br><b>West Springfield</b>  | State<br><b>MA</b>  | Zip Code<br><b>01089</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>comfort Inn</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Dhabuwala</b>  | First<br><b>Janapriya</b>  | MI<br><b>B</b>  | Contribution ID #<br><b>1121</b>           |
| Residential Street Address<br><b>255 Christopher Ter</b>   | City<br><b>West Springfield</b>  | State<br><b>MA</b>  | Zip Code<br><b>01089</b>                   |
| Principal Occupation<br><b>Hotel Manager</b>   | Name of Employer<br><b>quality Inn</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Swadia</b>   | First<br><b>Rajendra</b>   | MI<br><b>I</b>  | Contribution ID #<br><b>1122</b>           |
| Residential Street Address<br><b>77 Mayer Dr</b>   | City<br><b>Holyoke</b>   | State<br><b>MA</b>  | Zip Code<br><b>01040</b>                   |
| Principal Occupation<br><b>Accountant</b>  | Name of Employer<br><b>Homestead Grocery Mart, INC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Ashok</b>  | MI  | Contribution ID #<br><b>1123</b>           |
| Residential Street Address<br><b>55 Main St</b>  | City<br><b>West Springfield</b>  | State<br><b>MA</b>  | Zip Code<br><b>01089</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Howard Johnson</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/12/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>   |  | First<br><b>Raman</b>   |                                    | MI<br><b>s</b>                             | Contribution ID #<br><b>1124</b> |
| Residential Street Address<br><b>572 Riverdale St</b>   |  | City<br><b>West Springfield</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01089</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Candlewood Hotel</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Ghanshyam</b>   |                                    | MI   | Contribution ID #<br><b>1125</b> |
| Residential Street Address<br><b>32 Christine Dr</b>  |  | City<br><b>West Springfield</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01089</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Westfield Barns LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Athreya</b>   |  | First<br><b>Balaji</b>  |                                    | MI   | Contribution ID #<br><b>1126</b> |
| Residential Street Address<br><b>36 Quinnehtuk Cir</b>  |  | City<br><b>Longmeadow</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01106</b>         |
| Principal Occupation<br><b>Doctor</b>   |  | Name of Employer<br><b>RTANE</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mohan</b>   |  | First<br><b>Dhirendra</b>   |                                    | MI  | Contribution ID #<br><b>1127</b> |
| Residential Street Address<br><b>284 Tanglewood Dr</b>  |  | City<br><b>Longmeadow</b>   |                                    | State<br><b>MA</b>                        | Zip Code<br><b>01106</b>         |
| Principal Occupation<br><b>Retired Doctor</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$51.00</b> | <b>\$51.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Dinesh</b>  |                                    | MI   | Contribution ID #<br><b>1128</b> |
| Residential Street Address<br><b>739 Prospect Ave</b>   |  | City<br><b>West Springfield</b>   |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01089</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>hampton Inn</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031220171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Fatteh</b>  |  | First<br><b>Rehana</b>  |                                    | MI   | Contribution ID #<br><b>1169</b> |
| Residential Street Address<br><b>2840 Appaloosa Ln</b>  |  | City<br><b>Hubbard</b>  |                                    | State<br><b>OH</b>                         | Zip Code<br><b>44425</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dua</b>   |  | First<br><b>Neeru</b>   |                                    | MI   | Contribution ID #<br><b>1170</b> |
| Residential Street Address<br><b>27 Northington Dr</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Ophthalmologist</b>  |  | Name of Employer<br><b>Opticare</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dua</b>   |  | First<br><b>Vipul</b>   |                                    | MI   | Contribution ID #<br><b>1171</b> |
| Residential Street Address<br><b>27 Northington Dr</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Orthopedic Surgeon</b>   |  | Name of Employer<br><b>Vipul Dua MD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/12/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gowda</b>   |  | First<br><b>Veena</b>   |                                    | MI   | Contribution ID #<br><b>1172</b> |
| Residential Street Address<br><b>63 Farm Hill Rd</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Accountant</b>   |  | Name of Employer<br><b>Archdiocese of Hartford</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Fatteh</b>  |  | First<br><b>Shokat</b>  |                                    | MI   | Contribution ID #<br><b>1173</b> |
| Residential Street Address<br><b>2840 Appaloosa Ln</b>  |  | City<br><b>Hubbard</b>  |                                    | State<br><b>OH</b>                         | Zip Code<br><b>44425</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>DeFrancesco</b>   |  | First<br><b>Mark</b>  |                                    | MI   | Contribution ID #<br><b>1174</b> |
| Residential Street Address<br><b>35 Terrell Farm Pl</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Physicians for Women's Health, LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Edwards</b>   |  | First<br><b>Martin</b>  |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1181</b> |
| Residential Street Address<br><b>63 Saddle Ridge Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Consulting ophthalmologists</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dolinsky</b>   |  | First<br><b>Paul</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1182</b> |
| Residential Street Address<br><b>2 Deerfield Rd</b>  |  | City<br><b>Bloomfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Prohealth Physicians</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Hill</b>   |  | First<br><b>David</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1183</b> |
| Residential Street Address<br><b>41 Emily Way</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Consulting ophthalmologists</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/13/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Santoro</b>  |  | First<br><b>Frank</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1175</b> |
| Residential Street Address<br><b>25 Signal Ridge Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Hartford HealthCare</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rios</b>   |  | First<br><b>clifford</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1176</b> |
| Residential Street Address<br><b>11 Hampton Ct</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>orthopedic surgeon</b>  |  | Name of Employer<br><b>orthopedic associates of hartford</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rios</b>  |   | First<br><b>Vanessa</b>   |                                    | MI   | Contribution ID #<br><b>1177</b> |
| Residential Street Address<br><b>11 Hampton Ct</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bushley</b>   |   | First<br><b>Matthew</b>   |                                    | MI   | Contribution ID #<br><b>1178</b> |
| Residential Street Address<br><b>85 Nicole Dr</b>   |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Physician/Surgeon</b>  |   | Name of Employer<br><b>Consulting Ophthalmologists, PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gingold</b>   |   | First<br><b>Michael</b>   |                                    | MI   | Contribution ID #<br><b>1179</b> |
| Residential Street Address<br><b>26 Birch Rd</b>  |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Consulting Ophthalmologists, PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nidadavolu</b>  |   | First<br><b>Sai</b>   |                                    | MI   | Contribution ID #<br><b>1180</b> |
| Residential Street Address<br><b>12 Fairweather Dr ,</b>  |   | City<br><b>Norwalk</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06851</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/14/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Licitra</b>  |  | First<br><b>Jan</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1186</b> |
| Residential Street Address<br><b>112 Spring St</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Owner/ Electrolysis</b>   |  | Name of Employer<br><b>Jan Licitra LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/15/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vyas</b>   |  | First<br><b>Trupti</b>  |                                    | MI<br><b>NJ</b>                            | Contribution ID #<br><b>1564</b> |
| Residential Street Address<br><b>970B Village Dr E</b>   |  | City<br><b>North Brunswick</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>08902</b>         |
| Principal Occupation<br><b>Event Manager</b>   |  | Name of Employer<br><b>Be United LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/15/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Meetul</b>  |                                    | MI<br><b>PA</b>                            | Contribution ID #<br><b>1565</b> |
| Residential Street Address<br><b>22 Lubold Rd</b>  |  | City<br><b>Pottstown</b>  |                                    | State<br><b>PA</b>                         | Zip Code<br><b>19465</b>         |
| Principal Occupation<br><b>manager</b>   |  | Name of Employer<br><b>Dream Merchantz,LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/15/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Himanshu</b>  |                                    | MI<br><b>FL</b>                           | Contribution ID #<br><b>1566</b> |
| Residential Street Address<br><b>16450 Samcorles Blvd</b>  |  | City<br><b>Fort Myers</b>   |                                    | State<br><b>FL</b>                        | Zip Code<br><b>33908</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>One stop, PC</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/15/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Szabat</b>   |  | First<br><b>Iga</b>   |                                    | MI   | Contribution ID #<br><b>1217</b> |
| Residential Street Address<br><b>369 Main St</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Registered Representative</b>   |  | Name of Employer<br><b>Mass Mutual/JMK Financial</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kavumpurath</b>  |  | First<br><b>Sally</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1218</b> |
| Residential Street Address<br><b>312 Chamberlin Hwy</b>  |  | City<br><b>Kensington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kavumpurath</b>  |  | First<br><b>Jesse</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1219</b> |
| Residential Street Address<br><b>27 Huckleberry Ln</b>   |  | City<br><b>Kensington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Nurse Practitioner</b>  |  | Name of Employer<br><b>St. Francis Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Alavala</b>  |  | First<br><b>Radhakrishna</b>  |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1220</b> |
| Residential Street Address<br><b>20 Strawfield Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>I T Architect</b>   |  | Name of Employer<br><b>Harland Clark Inc</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Narayanan</b>   |  | First<br><b>Badri</b>   |                                    | MI  | Contribution ID #<br><b>1221</b> |
| Residential Street Address<br><b>44 Greenview Ter</b>   |  | City<br><b>Middletown</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06457</b>         |
| Principal Occupation<br><b>Development manager</b>  |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Billava</b>   |  | First<br><b>Thimmayya</b>   |                                    | MI  | Contribution ID #<br><b>1222</b> |
| Residential Street Address<br><b>49 Miamis Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Supervisor, Service Logistics</b>  |  | Name of Employer<br><b>UConn Health</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Billava</b>   |  | First<br><b>Mary</b>  |                                    | MI<br><b>T</b>                            | Contribution ID #<br><b>1223</b> |
| Residential Street Address<br><b>49 Miamis Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narayanamy</b>  |  | First<br><b>Sampath</b>   |                                    | MI   | Contribution ID #<br><b>1224</b> |
| Residential Street Address<br><b>90 Litchfield Rd</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Global IT Director</b>   |  | Name of Employer<br><b>Zimmer Biomet</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Keune</b>  |  | First<br><b>Daniel</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1225</b> |
| Residential Street Address<br><b>12 Main St</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Realtor</b>   |  | Name of Employer<br><b>Campbell - Keune Realty inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>chandran</b>   |  | First<br><b>Vasanthi</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1226</b> |
| Residential Street Address<br><b>87 Lake Garda Dr</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>office Admin</b>  |  | Name of Employer<br><b>EW Granites</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Carpinteri</b>   |  | First<br><b>Jaime</b>   |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1227</b> |
| Residential Street Address<br><b>35 McGee Ln</b>   |  | City<br><b>Kensington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06037</b>         |
| Principal Occupation<br><b>Contractor - analyst</b>  |  | Name of Employer<br><b>united healthcare</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kanwar</b>   |  | First<br><b>Sushil</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>1228</b> |
| Residential Street Address<br><b>1152 Farmington Ave</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>General Manager</b>   |  | Name of Employer<br><b>PL Medical Co LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Raghavan</b>  |  | First<br><b>Srimathy</b>  |                                    | MI   | Contribution ID #<br><b>1229</b> |
| Residential Street Address<br><b>18 Lookout Lndg</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Corporate Secretary</b>  |  | Name of Employer<br><b>ACT Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dronamraju</b>  |  | First<br><b>Srinivas</b>  |                                    | MI   | Contribution ID #<br><b>1230</b> |
| Residential Street Address<br><b>28 Allen Ridge Dr</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Business Executive</b>   |  | Name of Employer<br><b>mass mutual</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nathan</b>  |  | First<br><b>Hemamalini</b>  |                                    | MI   | Contribution ID #<br><b>1231</b> |
| Residential Street Address<br><b>58 Hollis Lndg</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Help desk Manager</b>  |  | Name of Employer<br><b>ECSU</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narayanan</b>   |  | First<br><b>Karthik</b>   |                                    | MI   | Contribution ID #<br><b>1232</b> |
| Residential Street Address<br><b>4 Augusta Cir</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>software Professional</b>  |  | Name of Employer<br><b>UHC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>03172017A</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/17/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Limaye</b>   |  | First<br><b>Paresh</b>  |                                    | MI   | Contribution ID #<br><b>1233</b> |
| Residential Street Address<br><b>8 Robin Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Conn OB GYN</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Limaye</b>   |  | First<br><b>Deepa</b>   |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1234</b> |
| Residential Street Address<br><b>8 Robin Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>PAF LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Khire</b>  |  | First<br><b>Swati</b>   |                                    | MI   | Contribution ID #<br><b>1235</b> |
| Residential Street Address<br><b>411 Ridge Rd</b>  |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Project Leader</b>  |  | Name of Employer<br><b>Yale New Haven Health</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dhulekar</b>   |  | First<br><b>Subhash</b>   |                                    | MI   | Contribution ID #<br><b>1236</b> |
| Residential Street Address<br><b>299 Colt Hwy Unit 311</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Head of emerging IT markets</b>   |  | Name of Employer<br><b>HCL America</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Suryawanshi</b>   |  | First<br><b>Sunil</b>   |                                    | MI  | Contribution ID #<br><b>1237</b> |
| Residential Street Address<br><b>15 Windy Ridge Ln</b>  |  | City<br><b>Ridgefield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06877</b>         |
| Principal Occupation<br><b>IT professional</b>  |  | Name of Employer<br><b>Amalgamate Life</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Suryawanshi</b>   |  | First<br><b>Sneha</b>   |                                    | MI<br><b>S</b>                            | Contribution ID #<br><b>1238</b> |
| Residential Street Address<br><b>15 Windy Ridge Ln</b>  |  | City<br><b>Ridgefield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06877</b>         |
| Principal Occupation<br><b>Web Manager</b>  |  | Name of Employer<br><b>Charter Communications</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Karandikar</b>  |  | First<br><b>Mangesh</b>   |                                    | MI  | Contribution ID #<br><b>1239</b> |
| Residential Street Address<br><b>152 Signal Hill Rd</b>   |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Director</b>   |  | Name of Employer<br><b>UBS</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Karandikar</b>  |  | First<br><b>Shilpa</b>  |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>1240</b> |
| Residential Street Address<br><b>152 Signal Hill Rd</b>   |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vaidya</b>  |  | First<br><b>Rahul</b>   |                                    | MI   | Contribution ID #<br><b>1241</b> |
| Residential Street Address<br><b>44 Jeffro Dr</b>   |  | City<br><b>Ridgefield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06788</b>         |
| Principal Occupation<br><b>Director of IT</b>   |  | Name of Employer<br><b>Timex Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vaidya</b>  |  | First<br><b>Aditi</b>   |                                    | MI   | Contribution ID #<br><b>1242</b> |
| Residential Street Address<br><b>44 Jeffro Dr</b>   |  | City<br><b>Ridgefield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06877</b>         |
| Principal Occupation<br><b>Program Manager</b>  |  | Name of Employer<br><b>Cotivity</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kambli</b>  |  | First<br><b>Vijaykant</b>   |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1243</b> |
| Residential Street Address<br><b>102 Charolais Way</b>  |  | City<br><b>Burlington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06013</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kambli</b>  |  | First<br><b>Shailaja</b>  |                                    | MI<br><b>V</b>                             | Contribution ID #<br><b>1244</b> |
| Residential Street Address<br><b>102 Charolais Way</b>  |  | City<br><b>Burlington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06013</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031820171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Duenas  |  | First<br>Marco  |                             | MI<br>A                            | Contribution ID #<br>1206 |
| Residential Street Address<br>100 West St  |  | City<br>Rocky Hill  |                             | State<br>CT                        | Zip Code<br>06067         |
| Principal Occupation<br>carrier  |  | Name of Employer<br>Avagt Services  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/18/2017 | Aggregate Contributions<br>\$40.00 | \$40.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Duenas  |  | First<br>Maria  |                             | MI<br>E                            | Contribution ID #<br>1207 |
| Residential Street Address<br>100 West St  |  | City<br>Rocky Hill  |                             | State<br>CT                        | Zip Code<br>06067         |
| Principal Occupation<br>cleaning   |  | Name of Employer<br>charter oak maint   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/18/2017 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Pittman   |  | First<br>Nicol  |                             | MI<br>A                            | Contribution ID #<br>1208 |
| Residential Street Address<br>100 West St  |  | City<br>Rocky Hill  |                             | State<br>CT                        | Zip Code<br>06067         |
| Principal Occupation<br>Manager  |  | Name of Employer<br>Popeyes   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/18/2017 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Pittman   |  | First<br>Josely   |                             | MI<br>M                            | Contribution ID #<br>1209 |
| Residential Street Address<br>100 West St  |  | City<br>Rocky Hill  |                             | State<br>CT                        | Zip Code<br>06067         |
| Principal Occupation<br>cleaning   |  | Name of Employer<br>charter oak maint   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/18/2017 | Aggregate Contributions<br>\$20.00 | \$20.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Sathyalingam</b>  |  | First<br><b>Jegan</b>   |                                    | MI  | Contribution ID #<br><b>1284</b> |
| Residential Street Address<br><b>67 Grouse Hill Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Infor System</b>   |  | Name of Employer<br><b>UTC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mirzana</b>   |  | First<br><b>Rizan</b>   |                                    | MI  | Contribution ID #<br><b>1285</b> |
| Residential Street Address<br><b>7 Millplain Rd</b>   |  | City<br><b>Branford</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06405</b>         |
| Principal Occupation<br><b>Cashier</b>  |  | Name of Employer<br><b>R F Food Mart</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sahid</b>   |  | First<br><b>Feroz</b>   |                                    | MI   | Contribution ID #<br><b>1286</b> |
| Residential Street Address<br><b>12 Valentino Dr</b>  |  | City<br><b>Waterbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06704</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Xpressmart LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Octave</b>  |  | First<br><b>Anthony</b>   |                                    | MI  | Contribution ID #<br><b>1287</b> |
| Residential Street Address<br><b>2 Latimer Ln</b>   |  | City<br><b>Bloomfield</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06002</b>         |
| Principal Occupation<br><b>Distric Manager</b>  |  | Name of Employer<br><b>T Mobile</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$60.00</b> | <b>\$60.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Last Name<br><b>Butts</b>   |  | First<br><b>Steven</b>   |   | MI<br><b>A</b>                            | Contribution ID #<br><b>1288</b>             |
| Residential Street Address<br><b>6222 Town Pl</b>   |  | City<br><b>Middletown</b>  |   | State<br><b>CT</b>                        | Zip Code<br><b>06457</b>                     |
| Principal Occupation<br><b>Regional manager</b>   |  |  | Name of Employer<br><b>Wireless Shop</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$14.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b>        |  |
|   |  |  |   | Aggregate Contributions<br><b>\$14.00</b> |  |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Last Name<br><b>Abdul Munaf</b>   |  | First<br><b>Mohamed</b>  |   | MI<br><b>M</b>                            | Contribution ID #<br><b>1289</b>             |
| Residential Street Address<br><b>950 Farmington Ave</b>   |  | City<br><b>New Britain</b>   |   | State<br><b>CT</b>                        | Zip Code<br><b>06053</b>                     |
| Principal Occupation<br><b>Marketing Manager</b>  |  |  | Name of Employer<br><b>Wireless Shop</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b>        |  |
|   |  |  |   | Aggregate Contributions<br><b>\$50.00</b> |  |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Thurainayagam</b>   |  | First<br><b>Joseph</b>   |   | MI   | Contribution ID #<br><b>1290</b>              |
| Residential Street Address<br><b>14 Rosecliff</b>   |  | City<br><b>Farmington</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>                      |
| Principal Occupation<br><b>IT</b>   |  |  | Name of Employer<br><b>DAS/BEST</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Balasuriyar</b>   |  | First<br><b>Sri</b>  |   | MI   | Contribution ID #<br><b>1291</b>              |
| Residential Street Address<br><b>30 Greyrock Ct</b>   |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Psychiatrist</b>   |  |  | Name of Employer<br><b>DMHAS</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jayaram</b>   |  | First<br><b>Navnith</b>   |                                    | MI   | Contribution ID #<br><b>1292</b> |
| Residential Street Address<br><b>51 Chepachet Rd</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>IT manager</b>   |  | Name of Employer<br><b>CGI</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/18/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathare</b>   |  | First<br><b>Pradip</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1245</b> |
| Residential Street Address<br><b>7 Broadview Rd</b>   |  | City<br><b>Westport</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06880</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>norwalk radiology consultants</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tungaturthy</b>   |  | First<br><b>Prasad</b>  |                                    | MI   | Contribution ID #<br><b>1246</b> |
| Residential Street Address<br><b>172 Skyview Dr</b>   |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Director</b>   |  | Name of Employer<br><b>Oracle</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Polavarapu</b>  |  | First<br><b>Radhakrishna</b>  |                                    | MI   | Contribution ID #<br><b>1247</b> |
| Residential Street Address<br><b>2 Fawn Ridge Ln</b>  |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>SR QA manager</b>  |  | Name of Employer<br><b>Smart Equip INC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seshan</b>   |  | First<br><b>Shri</b>  |                                    | MI   | Contribution ID #<br><b>1248</b> |
| Residential Street Address<br><b>6 Pine Ridge Rd</b>   |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Programmer</b>  |  | Name of Employer<br><b>GE Capital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Siripuram</b>  |  | First<br><b>Rama</b>  |                                    | MI   | Contribution ID #<br><b>1249</b> |
| Residential Street Address<br><b>1 Fawn Ridge Ln</b>   |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Software</b>  |  | Name of Employer<br><b>New Gate Services LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mallarapu</b>  |  | First<br><b>Chetna</b>  |                                    | MI   | Contribution ID #<br><b>1250</b> |
| Residential Street Address<br><b>1030 Flintlock Rd</b>   |  | City<br><b>Southport</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06890</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Siripuram</b>  |  | First<br><b>Rajender</b>  |                                    | MI   | Contribution ID #<br><b>1251</b> |
| Residential Street Address<br><b>1 Fawn Ridge Ln</b>   |  | City<br><b>Wilton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06897</b>         |
| Principal Occupation<br><b>Software</b>  |  | Name of Employer<br><b>New Gate LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Manish</b>   | MI  | Contribution ID #<br><b>1252</b>           |
| Residential Street Address<br><b>5 Hunting Ln</b>  | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Franco's Discount Wine</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Rinku</b>  | MI  | Contribution ID #<br><b>1253</b>           |
| Residential Street Address<br><b>131 Stage Coach Ln</b>  | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                   |
| Principal Occupation<br><b>Homemaker</b>   | Name of Employer<br><b>Homemaker</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Paresh</b>   | MI  | Contribution ID #<br><b>1254</b>           |
| Residential Street Address<br><b>131 Stage Coach Ln</b>  | City<br><b>Newington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                   |
| Principal Occupation<br><b>Manager</b>   | Name of Employer<br><b>TWK 1 LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Tejal</b>  | MI<br><b>V</b>  | Contribution ID #<br><b>1255</b>           |
| Residential Street Address<br><b>118 N Hill Rd</b>   | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>ohm Grocery mart</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Ohm</b>  | MI<br><b>P</b>  | Contribution ID #<br><b>1256</b>           |
| Residential Street Address<br><b>118 N Hill Rd</b>   | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Student</b>   | Name of Employer<br><b>Student</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Bharat</b>   | MI<br><b></b>   | Contribution ID #<br><b>1257</b>           |
| Residential Street Address<br><b>39 Devine Pl</b>  | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06460</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>patel</b>  | First<br><b>Ila</b>  | MI<br><b>B</b>  | Contribution ID #<br><b>1258</b>           |
| Residential Street Address<br><b>39 Devine Pl</b>  | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06460</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Pattani</b>  | First<br><b>Chetna</b>   | MI<br><b></b>   | Contribution ID #<br><b>1259</b>           |
| Residential Street Address<br><b>462 Cardinal Ln</b>   | City<br><b>Cheshire</b>  | State<br><b>CT</b>  | Zip Code<br><b>06410</b>                   |
| Principal Occupation<br><b>Software developer</b>  | Name of Employer<br><b>Conn Housing Finance Authority</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sheth</b>  |  | First<br><b>Bhavik</b>  |                                    | MI   | Contribution ID #<br><b>1260</b> |
| Residential Street Address<br><b>701 S Main St</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Corner Shoppe</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Prashant</b>  |                                    | MI   | Contribution ID #<br><b>1261</b> |
| Residential Street Address<br><b>10 Edith Pl</b>   |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>SVP</b>   |  | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Jay</b>   |                                    | MI   | Contribution ID #<br><b>1262</b> |
| Residential Street Address<br><b>2 Shire Dr</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Principal</b>   |  | Name of Employer<br><b>Patel's LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Komal</b>  |  | First<br><b>Manmohan</b>  |                                    | MI   | Contribution ID #<br><b>1263</b> |
| Residential Street Address<br><b>12 Blakeslee Ave</b>  |  | City<br><b>North Haven</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06473</b>         |
| Principal Occupation<br><b>Agent</b>   |  | Name of Employer<br><b>AD Financials LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/19/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Moore</b>   | First<br><b>Babu</b>   | MI  | Contribution ID #<br><b>1264</b>           |
| Residential Street Address<br><b>87 Bishop St</b>   | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>I &amp; H Shell Food mart</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Moore</b>   | First<br><b>Raj</b>  | MI  | Contribution ID #<br><b>1265</b>           |
| Residential Street Address<br><b>87 Bishop St</b>   | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Student</b>  | Name of Employer<br><b>Student</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Patel</b>   | First<br><b>Navin</b>  | MI  | Contribution ID #<br><b>1266</b>           |
| Residential Street Address<br><b>288 Spring Rd</b>  | City<br><b>North Haven</b>   | State<br><b>CT</b>  | Zip Code<br><b>06473</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>Candiud Cleaners</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Patel</b>   | First<br><b>Sitesh</b>   | MI  | Contribution ID #<br><b>1267</b>           |
| Residential Street Address<br><b>25 High Meadow Xing</b>  | City<br><b>Somers</b>  | State<br><b>CT</b>  | Zip Code<br><b>06071</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>Harris Discount Liquor</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Muhammad</b>   | First<br><b>Ishaq</b>  | MI  | Contribution ID #<br><b>1268</b>          |
| Residential Street Address<br><b>208 Greta St # 102</b>  | City<br><b>West Haven</b>  | State<br><b>CT</b>  | Zip Code<br><b>06516</b>                  |
| Principal Occupation<br><b>Student</b>   | Name of Employer<br><b>Student</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patidu</b>   | First<br><b>Rashmi</b>   | MI  | Contribution ID #<br><b>1269</b>           |
| Residential Street Address<br><b>12 Coventry Ct</b>  | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Yalesville Package store</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Kinjal</b>   | MI<br><b>S</b>  | Contribution ID #<br><b>1270</b>           |
| Residential Street Address<br><b>8 Cheshire Rd</b>   | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Member</b>  | Name of Employer<br><b>ANSH LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Modi</b>   | First<br><b>Jalpa</b>  | MI<br><b>C</b>  | Contribution ID #<br><b>1271</b>           |
| Residential Street Address<br><b>603 Woodland Hills Dr</b>   | City<br><b>Trumbull</b>  | State<br><b>CT</b>  | Zip Code<br><b>06611</b>                   |
| Principal Occupation<br><b>Homemaker</b>   | Name of Employer<br><b>Homemaker</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Shah</b>   | First<br><b>Dhaval</b>   | MI<br><b>A</b>  | Contribution ID #<br><b>1272</b>          |
| Residential Street Address<br><b>15 Shagbark Ln</b>  | City<br><b>Milford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06461</b>                  |
| Principal Occupation<br><b>Software Engineer</b>   | Name of Employer<br><b>XLcatlin</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>031920172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/19/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Daoud</b>  | First<br><b>Ibrahim</b>  | MI<br><b>M</b>  | Contribution ID #<br><b>1210</b>           |
| Residential Street Address<br><b>28 Ayrshire Ln</b>  | City<br><b>Avon</b>  | State<br><b>CT</b>  | Zip Code<br><b>06001</b>                   |
| Principal Occupation<br><b>MD</b>  | Name of Employer<br><b>Connecticut Surgeons</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/21/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Dalal</b>  | First<br><b>Bipin</b>  | MI<br><b>J</b>  | Contribution ID #<br><b>1211</b>           |
| Residential Street Address<br><b>1580 Redding Rd</b>   | City<br><b>Fairfield</b>   | State<br><b>CT</b>  | Zip Code<br><b>06824</b>                   |
| Principal Occupation<br><b>Pediatrician</b>  | Name of Employer<br><b>Bipin J Dalal, MD</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/21/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Sassi</b>  | First<br><b>Michael</b>  | MI<br><b>A</b>  | Contribution ID #<br><b>1212</b>           |
| Residential Street Address<br><b>9 Casner Rd</b>   | City<br><b>East Haddam</b>   | State<br><b>CT</b>  | Zip Code<br><b>06423</b>                   |
| Principal Occupation<br><b>Energy Consultant</b>   | Name of Employer<br><b>Bridge Energy Services, LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/21/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sassi</b>   |  | First<br><b>Donna</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>1213</b> |
| Residential Street Address<br><b>9 Casner Rd</b>  |  | City<br><b>East Haddam</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06423</b>         |
| Principal Occupation<br><b>RN Admin</b>   |  | Name of Employer<br><b>Hartford Healthcare</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Merchant</b>  |  | First<br><b>Elizabeth</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1214</b> |
| Residential Street Address<br><b>2488 Hillbrooke Pkwy</b>   |  | City<br><b>Owensboro</b>  |                                    | State<br><b>KY</b>                         | Zip Code<br><b>42303</b>         |
| Principal Occupation<br><b>Interior Designer</b>  |  | Name of Employer<br><b>Park Hill Interiors LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sheth</b>   |  | First<br><b>Alpana</b>  |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1215</b> |
| Residential Street Address<br><b>74 Woodside Ave</b>  |  | City<br><b>West Caldwell</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07006</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Motel Six</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sheth</b>   |  | First<br><b>Biren</b>   |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>1216</b> |
| Residential Street Address<br><b>74 Woodside Ave</b>  |  | City<br><b>West Caldwell</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07006</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Sheth Financial Group</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Gorzgnski</b>   |  | First<br><b>Adam</b>  |                                    | MI  | Contribution ID #<br><b>1204</b> |
| Residential Street Address<br><b>16 Hobbs St</b>  |  | City<br><b>Thorndike</b>  |                                    | State<br><b>MA</b>                        | Zip Code<br><b>01079</b>         |
| Principal Occupation<br><b>Contractor</b>   |  | Name of Employer<br><b>Home improvements</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dave</b>  |  | First<br><b>Mahesh</b>  |                                    | MI                                       | Contribution ID #<br><b>1187</b> |
| Residential Street Address<br><b>33 Stocking Mill Rd</b>  |  | City<br><b>Wethersfield</b>   |                                    | State<br><b>CT</b>                       | Zip Code<br><b>06109</b>         |
| Principal Occupation<br><b>Filing</b>   |  | Name of Employer<br><b>Colt manufacturing company</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                   |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$5.00</b> | <b>\$5.00</b>                    |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>chowdhury</b>   |  | First<br><b>Naheeda</b>   |                                    | MI<br><b>N</b>                            | Contribution ID #<br><b>1188</b> |
| Residential Street Address<br><b>35 Ledgewood Dr</b>  |  | City<br><b>Gales Ferry</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06335</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Chowdhury</b>   |  | First<br><b>Touhidul</b>  |                                    | MI<br><b>G</b>                            | Contribution ID #<br><b>1189</b> |
| Residential Street Address<br><b>35 Ledgewood Dr</b>  |  | City<br><b>Gales Ferry</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06335</b>         |
| Principal Occupation<br><b>Principal</b>  |  | Name of Employer<br><b>Wholesales unlimited</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$10.00</b> | <b>\$10.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Balasubrahmaniyan</b>  |  | First<br><b>Balraj</b>  |                                    | MI   | Contribution ID #<br><b>1190</b> |
| Residential Street Address<br><b>78 Kingsbury Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>wesleyan University</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Balasubrahmaniyan</b>  |  | First<br><b>Navaneetham</b>   |                                    | MI   | Contribution ID #<br><b>1191</b> |
| Residential Street Address<br><b>78 Kingsbury Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Teacher</b>   |  | Name of Employer<br><b>CREC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Balasubrahmaniyan</b>  |  | First<br><b>Harsha</b>  |                                    | MI  | Contribution ID #<br><b>1192</b> |
| Residential Street Address<br><b>78 Kingsbury Ln</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/21/2017</b> | Aggregate Contributions<br><b>\$30.00</b> | <b>\$30.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>narayanan</b>  |  | First<br><b>Seethalakshmi</b>   |                                    | MI  | Contribution ID #<br><b>1273</b> |
| Residential Street Address<br><b>21 Proctor Dr</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>narayanan</b>   |  | First<br><b>Subramanian</b>   |                                    | MI  | Contribution ID #<br><b>1274</b> |
| Residential Street Address<br><b>21 Proctor Dr</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Arumugam</b>  |  | First<br><b>Kalaiaarasu</b>   |                                    | MI   | Contribution ID #<br><b>1275</b> |
| Residential Street Address<br><b>25 Cornerstone Dr</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Lead App Leader</b>  |  | Name of Employer<br><b>ESPN INC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sundaram</b>  |  | First<br><b>Kumarappan</b>  |                                    | MI   | Contribution ID #<br><b>1276</b> |
| Residential Street Address<br><b>5 Snowberry Ln</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>PWC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kartik</b>  |  | First<br><b>Savitha</b>   |                                    | MI   | Contribution ID #<br><b>1277</b> |
| Residential Street Address<br><b>1 Silver Charm Dr</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>IT Lead</b>  |  | Name of Employer<br><b>ESPN</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Viswanathan   |  | First<br>Kartik   |                             | MI                                  | Contribution ID #<br>1278 |
| Residential Street Address<br>1 Silver Charm Dr  |  | City<br>Unionville  |                             | State<br>CT                         | Zip Code<br>06085         |
| Principal Occupation<br>IT manager   |  | Name of Employer<br>Cigna   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Devaraj   |  | First<br>Balaji   |                             | MI                                  | Contribution ID #<br>1279 |
| Residential Street Address<br>47 Avonwood Rd   |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>SR Manager   |  | Name of Employer<br>cognizant technology solutions  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Pendri  |  | First<br>Annapurna  |                             | MI                                  | Contribution ID #<br>1280 |
| Residential Street Address<br>54 Aspen Dr  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Scientist  |  | Name of Employer<br>Bristol Myers Squibb  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Pendri  |  | First<br>Kiran  |                             | MI                                  | Contribution ID #<br>1281 |
| Residential Street Address<br>54 Aspen Dr  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>President  |  | Name of Employer<br>Escientia Life Sciences   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/22/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Pendri</b>  |   | First<br><b>Yadagiri</b>  |                                    | MI  | Contribution ID #<br><b>1282</b> |
| Residential Street Address<br><b>54 Aspen Dr</b>  |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>CEO</b>  |   | Name of Employer<br><b>Escientia Life Sciences</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anthonypillai</b>   |   | First<br><b>Jesuraj</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1283</b> |
| Residential Street Address<br><b>3 Eton Pl</b>  |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>CEO</b>  |   | Name of Employer<br><b>Wireless Shop</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/22/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>  |   | First<br><b>Nirav</b>   |                                    | MI   | Contribution ID #<br><b>1563</b> |
| Residential Street Address<br><b>15 Gills Crossing Ct</b>   |   | City<br><b>Columbia</b>   |                                    | State<br><b>SC</b>                         | Zip Code<br><b>29223</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Nirav Path, MD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Patel</b>   |   | First<br><b>Sonal</b>   |                                    | MI  | Contribution ID #<br><b>1293</b> |
| Residential Street Address<br><b>300 Boston Post Rd</b>   |   | City<br><b>Guilford</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06437</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Urvashi</b>   |                                    | MI   | Contribution ID #<br><b>1294</b> |
| Residential Street Address<br><b>2151 Berlin Tpke</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>maple motel</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sridhar</b>   |  | First<br><b>Kolala</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>1295</b> |
| Residential Street Address<br><b>12 Royal Oaks Dr</b>   |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>CTGI</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sridhar</b>   |  | First<br><b>Veena</b>   |                                    | MI   | Contribution ID #<br><b>1296</b> |
| Residential Street Address<br><b>12 Royal Oaks Dr</b>   |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Consultant</b>   |  | Name of Employer<br><b>Robert Hale International</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Marcus</b>  |  | First<br><b>Karina</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1297</b> |
| Residential Street Address<br><b>41 Woodmere Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Teacher</b>  |  | Name of Employer<br><b>Jewish Comm Center</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| Last Name<br><b>Syed</b>   |  | First<br><b>Ghouse</b>   |   | MI<br><b>P</b>                            | Contribution ID #<br><b>1298</b>             |
| Residential Street Address<br><b>43 Charing Cross</b>  |  | City<br><b>Avon</b>  |   | State<br><b>CT</b>                        | Zip Code<br><b>06001</b>                     |
| Principal Occupation<br><b>IT Project Manager</b>  |  |  | Name of Employer<br><b>Independent Contractor</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution<br><br><b>\$50.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b>        |  |
|  |  |  |   | Aggregate Contributions<br><b>\$50.00</b> |  |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Last Name<br><b>Parthasarathi</b>  |  | First<br><b>Sashi</b>  |   | MI<br><b>FL</b>                            | Contribution ID #<br><b>1299</b>              |
| Residential Street Address<br><b>14632 Newtonmore Ln</b>   |  | City<br><b>Lakewood Ranch</b>  |   | State<br><b>FL</b>                         | Zip Code<br><b>34202</b>                      |
| Principal Occupation<br><b>Business Executive</b>  |  |  | Name of Employer<br><b>Jenzbar Inc</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b>         |   |
|  |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Last Name<br><b>Soman</b>  |  | First<br><b>Ashish</b>   |   | MI<br><b>CT</b>                            | Contribution ID #<br><b>1300</b>              |
| Residential Street Address<br><b>20 Meridian Ridge Dr</b>  |  | City<br><b>Newtown</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06470</b>                      |
| Principal Occupation<br><b>Scientist</b>   |  |  | Name of Employer<br><b>Achillion Pharmaceuticals Inc.</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b>         |   |
|  |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Last Name<br><b>Waberski</b>   |  | First<br><b>Witold</b>   |   | MI<br><b>CT</b>                            | Contribution ID #<br><b>1301</b>              |
| Residential Street Address<br><b>1 Gold St # 24-Hj</b>   |  | City<br><b>Hartford</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06103</b>                      |
| Principal Occupation<br><b>Physician</b>   |  |  | Name of Employer<br><b>Integrated Anesthesia Associates</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b>         |   |
|  |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Helgeson</b>   |  | First<br><b>Lars</b>  |                                    | MI   | Contribution ID #<br><b>1302</b> |
| Residential Street Address<br><b>702 Summer Hill Rd</b>  |  | City<br><b>Madison</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06443</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Yale University</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>gipson</b>   |  | First<br><b>keith</b>   |                                    | MI   | Contribution ID #<br><b>1303</b> |
| Residential Street Address<br><b>986 N Farms Rd</b>  |  | City<br><b>Wallingford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06492</b>         |
| Principal Occupation<br><b>Anesthesiologist</b>  |  | Name of Employer<br><b>IAA</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Stone</b>  |  | First<br><b>Kenneth</b>   |                                    | MI   | Contribution ID #<br><b>1304</b> |
| Residential Street Address<br><b>317 Laurelwood Rd .</b>   |  | City<br><b>Orange</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06477</b>         |
| Principal Occupation<br><b>Anesthesiologist</b>  |  | Name of Employer<br><b>Bridgeport Anesthesia Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dwyer</b>  |  | First<br><b>Kevin</b>   |                                    | MI   | Contribution ID #<br><b>1305</b> |
| Residential Street Address<br><b>60 Saddle Rock Rd</b>   |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06092</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Stamford Hospital</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Figura</b>   |  | First<br><b>Ilona</b>   |                                    | MI   | Contribution ID #<br><b>1306</b> |
| Residential Street Address<br><b>18 Suffolk Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>UCONN Health Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>kakarla</b>  |  | First<br><b>jayanthi</b>  |                                    | MI   | Contribution ID #<br><b>1307</b> |
| Residential Street Address<br><b>179 Trinity Ave</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>kakarla</b>  |  | First<br><b>vishwanatha</b>   |                                    | MI   | Contribution ID #<br><b>1308</b> |
| Residential Street Address<br><b>179 Trinity Ave</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>priest</b>  |  | Name of Employer<br><b>OM Foundations</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Madhukar</b>   |  | First<br><b>Manish</b>  |                                    | MI   | Contribution ID #<br><b>1309</b> |
| Residential Street Address<br><b>3 Lydia Rd</b>  |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>Director</b>  |  | Name of Employer<br><b>cognizant</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kernisan</b>  |   | First<br><b>Gregory</b>   |                                    | MI   | Contribution ID #<br><b>1310</b> |
| Residential Street Address<br><b>521 Overlook Rd</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>IAA</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Brown</b>   |   | First<br><b>Wilfred</b>   |                                    | MI   | Contribution ID #<br><b>1311</b> |
| Residential Street Address<br><b>15 Northwood Rd</b>  |   | City<br><b>Fairfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06825</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Wilfred Brown MD PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Reddy</b>   |   | First<br><b>Madhu</b>   |                                    | MI   | Contribution ID #<br><b>1312</b> |
| Residential Street Address<br><b>10-3 Arthur Dr</b>   |   | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Realtor</b>  |   | Name of Employer<br><b>William Raveis Real Estate</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rajagopalan</b>   |   | First<br><b>Ramesh</b>  |                                    | MI   | Contribution ID #<br><b>1313</b> |
| Residential Street Address<br><b>162 Paxton Way</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Engineer</b>   |   | Name of Employer<br><b>Pratt and Whitney</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Kuriakose</b>   |   | First<br><b>Nise</b>  |                                    | MI  | Contribution ID #<br><b>1314</b> |
| Residential Street Address<br><b>7 Baker Ln</b>   |   | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Computer Systems Analyst</b>   |   | Name of Employer<br><b>Cognizant Technology Solutions</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Agrawal</b>   |   | First<br><b>Gita</b>  |                                    | MI   | Contribution ID #<br><b>1315</b> |
| Residential Street Address<br><b>22 Hampden Cir</b>   |   | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lomanto</b>   |   | First<br><b>Marisa</b>  |                                    | MI   | Contribution ID #<br><b>1316</b> |
| Residential Street Address<br><b>412 Geese Lndg</b>   |   | City<br><b>Glen Allen</b>   |                                    | State<br><b>VA</b>                         | Zip Code<br><b>23060</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>McGuire Veterans Affairs Medical Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Jaswal</b>  |   | First<br><b>Simmi</b>   |                                    | MI   | Contribution ID #<br><b>1317</b> |
| Residential Street Address<br><b>35 Penwood Xing</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kamdar</b>  |  | First<br><b>Yogesh</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1318</b> |
| Residential Street Address<br><b>50 Rising Trl</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Financial Advisor</b>  |  | Name of Employer<br><b>Merrill Lynch</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kamdar</b>  |  | First<br><b>Bhakti</b>  |                                    | MI<br><b>y</b>                             | Contribution ID #<br><b>1319</b> |
| Residential Street Address<br><b>50 Rising Trl</b>  |  | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>medical technologist</b>   |  | Name of Employer<br><b>Quest lab</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Solinsky</b>  |  | First<br><b>Alan</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1320</b> |
| Residential Street Address<br><b>43 Juniper Ln</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>ophthalmologist</b>  |  | Name of Employer<br><b>Solinsky eyecare LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narayana</b>  |  | First<br><b>Ashwatha</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1321</b> |
| Residential Street Address<br><b>12 Jonathan Ln</b>   |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Narayanan</b>   |   | First<br><b>Chandra</b>   |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>1322</b> |
| Residential Street Address<br><b>53 Blue Ridge Dr</b>   |   | City<br><b>Weatogue</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06089</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhuvanesh</b>   |   | First<br><b>Urmila</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1323</b> |
| Residential Street Address<br><b>80 Winding Trl</b>   |   | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06410</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Urmila Bhuvanesh, MD,LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Aggarwal</b>  |   | First<br><b>Manju</b>   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1324</b> |
| Residential Street Address<br><b>84 Sachem Dr</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Institute of Living</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Aggarwal</b>  |   | First<br><b>Pawan</b>   |                                    | MI<br><b>K</b>                            | Contribution ID #<br><b>1325</b> |
| Residential Street Address<br><b>84 Sachem Dr</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Brown</b>   |  | First<br><b>David</b>   |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>1326</b> |
| Residential Street Address<br><b>15 Hamburg Rd</b>  |  | City<br><b>Lyme</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06371</b>         |
| Principal Occupation<br><b>Insurance Broker</b>   |  | Name of Employer<br><b>Brown &amp; Knapp</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vyas</b>  |  | First<br><b>Ketul</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1327</b> |
| Residential Street Address<br><b>7 Keen Ln</b>  |  | City<br><b>Edison</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>08820</b>         |
| Principal Occupation<br><b>Senior Vice President</b>  |  | Name of Employer<br><b>Bank of America Merrill Lynch</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Joyce</b>   |  | First<br><b>Jeffrey</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1328</b> |
| Residential Street Address<br><b>125 Partridge Lndg</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Student</b>  |  | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mandavilli</b>  |  | First<br><b>Bela</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1329</b> |
| Residential Street Address<br><b>100 Woodpond Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Hartford Pathology Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Ehrenwerth  |  | First<br>Jan  |                             | MI                                  | Contribution ID #<br>1330 |
| Residential Street Address<br>4 Randi Dr   |  | City<br>Madison   |                             | State<br>CT                         | Zip Code<br>06443         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Yale University   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Rubano  |  | First<br>Jeanee   |                             | MI                                 | Contribution ID #<br>1346 |
| Residential Street Address<br>44 Charlton Dr   |  | City<br>South Glastonbury   |                             | State<br>CT                        | Zip Code<br>06073         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>032320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/23/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Pallos  |  | First<br>Mary   |                             | MI<br>T                            | Contribution ID #<br>1347 |
| Residential Street Address<br>1542 Main St .   |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>CFO  |  | Name of Employer<br>Singulus Technologies Inc   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>032320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/23/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hayden  |  | First<br>Nancy  |                             | MI                                  | Contribution ID #<br>1348 |
| Residential Street Address<br>180 Boulder Cir  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Baker/Caterer  |  | Name of Employer<br>Ginger & Pickle Catering  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>032320171</u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/23/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Moy</b>  |  | First<br><b>Robert</b>  |                                    | MI   | Contribution ID #<br><b>1349</b> |
| Residential Street Address<br><b>45 Aspen Dr</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Consultant</b>  |  | Name of Employer<br><b>Moy Consulting LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kwoka</b>  |  | First<br><b>Dianne</b>  |                                    | MI<br><b>E</b>                             | Contribution ID #<br><b>1350</b> |
| Residential Street Address<br><b>35 Old Farms Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Realtor</b>   |  | Name of Employer<br><b>William Raveis Real Estate</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shapiro</b>  |  | First<br><b>Jill</b>  |                                    | MI   | Contribution ID #<br><b>1351</b> |
| Residential Street Address<br><b>44 Summit Crest Dr</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Lamagna Jr</b>   |  | First<br><b>Peter</b>   |                                    | MI<br><b>J</b>                             | Contribution ID #<br><b>1352</b> |
| Residential Street Address<br><b>95 Aspen Dr</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Sales</b>   |  | Name of Employer<br><b>New England Fitness</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032320171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/23/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Jain</b>   | First<br><b>Akhilesh</b>   | MI<br><b>K</b>  | Contribution ID #<br><b>1353</b>           |
| Residential Street Address<br><b>51 Liberty Dr</b>   | City<br><b>Glastonbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06073</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Hartford Healthcare</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032320171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/23/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Nielson</b>  | First<br><b>Margo</b>  | MI<br><b></b>   | Contribution ID #<br><b>1354</b>          |
| Residential Street Address<br><b>71 Bell St</b>  | City<br><b>Manchester</b>  | State<br><b>CT</b>  | Zip Code<br><b>06040</b>                  |
| Principal Occupation<br><b></b>  | Name of Employer<br><b></b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032320171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/23/2017</b>  | Aggregate Contributions<br><b>\$20.00</b> |
|  |  | Amount of Contribution<br><b>\$20.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Boda</b>   | First<br><b>Archana</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>1355</b>           |
| Residential Street Address<br><b>12 Gaylord Rd</b>   | City<br><b>Trumbull</b>  | State<br><b>CT</b>  | Zip Code<br><b>06611</b>                   |
| Principal Occupation<br><b>System Analyst</b>  | Name of Employer<br><b>Pitney Bowes</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Kuchukulla</b>   | First<br><b>Srinivas</b>   | MI<br><b></b>   | Contribution ID #<br><b>1356</b>           |
| Residential Street Address<br><b>12 Gaylord Rd</b>   | City<br><b>Trumbull</b>  | State<br><b>CT</b>  | Zip Code<br><b>06611</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Srinivas Inc</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/24/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Santhanam</b>  |  | First<br><b>Sanjay</b>  |                                    | MI   | Contribution ID #<br><b>1357</b> |
| Residential Street Address<br><b>3 Nicholas Ave</b>  |  | City<br><b>Greenwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06831</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kaur</b>   |  | First<br><b>Sawhney</b>   |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1358</b> |
| Residential Street Address<br><b>55 Henry St Apt 4</b>   |  | City<br><b>Greenwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06830</b>         |
| Principal Occupation<br><b>Front Office</b>  |  | Name of Employer<br><b>Greenwich Hospitality Group Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Gannu</b>  |  | First<br><b>Santhosh</b>  |                                    | MI  | Contribution ID #<br><b>1359</b> |
| Residential Street Address<br><b>538 Newfield Ave</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>CEO</b>   |  | Name of Employer<br><b>Universal Technologies</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Zullurwar</b>  |  | First<br><b>Sonali</b>  |                                    | MI  | Contribution ID #<br><b>1360</b> |
| Residential Street Address<br><b>538 Newfield Ave</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>Realtor</b>   |  | Name of Employer<br><b>William Raveis Real Estate</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Akarapu</b>   |  | First<br><b>Srinivas</b>  |                                    | MI   | Contribution ID #<br><b>1361</b> |
| Residential Street Address<br><b>13 Chipping Ln</b>   |  | City<br><b>Norwalk</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06854</b>         |
| Principal Occupation<br><b>Consultant</b>   |  | Name of Employer<br><b>SAADH Inc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Chintan</b>   |                                    | MI   | Contribution ID #<br><b>1362</b> |
| Residential Street Address<br><b>12 Avon Ln</b>   |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06907</b>         |
| Principal Occupation  |  | Name of Employer  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nichani</b>   |  | First<br><b>Ravi</b>  |                                    | MI   | Contribution ID #<br><b>1363</b> |
| Residential Street Address<br><b>55 Henry St Apt 4</b>  |  | City<br><b>Greenwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06830</b>         |
| Principal Occupation<br><b>Financial Controller</b>   |  | Name of Employer<br><b>Greenwich Hospitality Group LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nichani</b>   |  | First<br><b>Ashok</b>   |                                    | MI<br><b>k</b>                             | Contribution ID #<br><b>1364</b> |
| Residential Street Address<br><b>12 B Hickory Dr</b>  |  | City<br><b>Greenwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06831</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Pooja Hospitality LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nichani</b>  |  | First<br><b>Geeta</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1365</b> |
| Residential Street Address<br><b>12 B Hickory Dr</b>   |  | City<br><b>Greenwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06831</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Juneja</b>   |  | First<br><b>Anupreet</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1366</b> |
| Residential Street Address<br><b>9 Fitch Ln</b>  |  | City<br><b>Riverside</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06878</b>         |
| Principal Occupation<br><b>VP- IT Services</b>   |  | Name of Employer<br><b>Stamford Technology Solutions LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bosak Jr</b>   |  | First<br><b>Gerald</b>  |                                    | MI<br><b>R</b>                             | Contribution ID #<br><b>1367</b> |
| Residential Street Address<br><b>30 Brightside Dr</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Funeral Dir</b>   |  | Name of Employer<br><b>Bosak Funeral Home</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ahuja</b>  |  | First<br><b>Ravi</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1368</b> |
| Residential Street Address<br><b>296 Westover Rd</b>   |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Architect</b>   |  | Name of Employer<br><b>Awa Design Group</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Singh</b>   |  | First<br><b>Tejinder</b>   |   | MI<br><b>A</b>                             | Contribution ID #<br><b>1369</b>              |
| Residential Street Address<br><b>45 D Powder Mill Rd</b>  |  | City<br><b>Stratford</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06614</b>                      |
| Principal Occupation<br><b>Insurance Agent</b>  |  |  | Name of Employer<br><b>Singh Agency</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Naik</b>  |  | First<br><b>Shailesh</b>   |   | MI<br><b>R</b>                             | Contribution ID #<br><b>1370</b>              |
| Residential Street Address<br><b>1 Harbourpoint Rd Unit 502</b>   |  | City<br><b>Stamford</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>                      |
| Principal Occupation<br><b>Engineer</b>   |  |  | Name of Employer<br><b>Charles A Manganaro PC</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Movva</b>   |  | First<br><b>Ganeswar</b>   |   | MI<br><b>R</b>                             | Contribution ID #<br><b>1371</b>              |
| Residential Street Address<br><b>20 Briar Braf Rd</b>   |  | City<br><b>Stamford</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>                      |
| Principal Occupation<br><b>IT manager</b>   |  |  | Name of Employer<br><b>Unemployed</b>   |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Sharma</b>  |  | First<br><b>Viresh</b>   |   | MI<br><b>CT</b>                            | Contribution ID #<br><b>1372</b>              |
| Residential Street Address<br><b>3 Graystone Cir</b>  |  | City<br><b>New Canaan</b>  |   | State<br><b>CT</b>                         | Zip Code<br><b>06840</b>                      |
| Principal Occupation<br><b>Retired</b>  |  |  | Name of Employer<br><b>Retired</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kaslowitz</b>   |  | First<br><b>Jeffrey</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1373</b> |
| Residential Street Address<br><b>212 Richmond Hill Ave</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>President</b>  |  | Name of Employer<br><b>Greenwich Fleet Leasing</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Guneratne</b>   |  | First<br><b>Arielle</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1374</b> |
| Residential Street Address<br><b>1340 Washington Blvd Unit 402</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06902</b>         |
| Principal Occupation<br><b>Wealth Management Assistant</b>  |  | Name of Employer<br><b>UBS Financial Services Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ahuja</b>   |  | First<br><b>Dharam</b>  |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1375</b> |
| Residential Street Address<br><b>98 Lynam Rd</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ahuja</b>   |  | First<br><b>Sangeeta</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1376</b> |
| Residential Street Address<br><b>98 Lynam Rd</b>  |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>Dietitian</b>  |  | Name of Employer<br><b>Mt. Vernon Health Center</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Isla</b>   |  | First<br><b>Paul</b>  |                                    | MI<br><b>U</b>                            | Contribution ID #<br><b>1377</b> |
| Residential Street Address<br><b>25 Flora Pl</b>   |  | City<br><b>Stamford</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06903</b>         |
| Principal Occupation<br><b>Branch Manager</b>  |  | Name of Employer<br><b>First County Bank</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032420171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Gunda</b>  |  | First<br><b>Prasada</b>   |                                    | MI<br><b>CT</b>                           | Contribution ID #<br><b>1331</b> |
| Residential Street Address<br><b>2 Diggins Ct</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>Travelers</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mandavilli</b>   |  | First<br><b>Srinivas</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1332</b> |
| Residential Street Address<br><b>100 Woodpond Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Hartford Pathology Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Paradis</b>  |  | First<br><b>Marc</b>  |                                    | MI<br><b>CT</b>                            | Contribution ID #<br><b>1333</b> |
| Residential Street Address<br><b>4 Whitman Pond Rd .</b>   |  | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Integrated Anesthesiology Associates</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ravalese III</b>  |  | First<br><b>Joseph</b>  |                                    | MI   | Contribution ID #<br><b>1334</b> |
| Residential Street Address<br><b>75 Hunter Dr</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Waterbury Radiation Oncology Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ravalese</b>  |  | First<br><b>Theresa</b>   |                                    | MI   | Contribution ID #<br><b>1335</b> |
| Residential Street Address<br><b>75 Hunter Dr</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>homemaker</b>  |  | Name of Employer<br><b>homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Iyer</b>  |  | First<br><b>Anand</b>   |                                    | MI   | Contribution ID #<br><b>1336</b> |
| Residential Street Address<br><b>15 Winthrop Dr</b>   |  | City<br><b>Riverside</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06878</b>         |
| Principal Occupation<br><b>retired</b>  |  | Name of Employer<br><b>retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kapur</b>   |  | First<br><b>Dinesh</b>  |                                    | MI   | Contribution ID #<br><b>1337</b> |
| Residential Street Address<br><b>101 Foote Rd</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>ECHO Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kapur</b>  |  | First<br><b>Rosy</b>  |                                    | MI   | Contribution ID #<br><b>1338</b> |
| Residential Street Address<br><b>101 Foote Rd</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Juice Store Owner</b>   |  | Name of Employer<br><b>Self employed, Liquid Nirvana</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/24/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Margolis</b>   |  | First<br><b>Ron</b>   |                                    | MI   | Contribution ID #<br><b>1339</b> |
| Residential Street Address<br><b>5 Squirrel Hill Rd</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Retina Consultants LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Krall</b>  |  | First<br><b>Michael</b>   |                                    | MI   | Contribution ID #<br><b>1340</b> |
| Residential Street Address<br><b>54 Orchard Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physcian</b>  |  | Name of Employer<br><b>Allergy Associates of Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Krall</b>  |  | First<br><b>Elizabeth</b>   |                                    | MI   | Contribution ID #<br><b>1341</b> |
| Residential Street Address<br><b>54 Orchard Rd</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Artist</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dinani  |  | First<br>Dilawer  |                             | MI                                  | Contribution ID #<br>1342 |
| Residential Street Address<br>1150 Logan Wood Dr .   |  | City<br>Hubbard   |                             | State<br>OH                         | Zip Code<br>44425         |
| Principal Occupation<br>Business Owner   |  | Name of Employer<br>Downtown Motor Inn  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dinani  |  | First<br>Aliraza  |                             | MI                                  | Contribution ID #<br>1343 |
| Residential Street Address<br>388 Bridge St Apt 24J  |  | City<br>Brooklyn  |                             | State<br>NY                         | Zip Code<br>11201         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Sheridan Healthcare   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Viroja  |  | First<br>Vinod  |                             | MI<br>G                             | Contribution ID #<br>1378 |
| Residential Street Address<br>2 French Ln  |  | City<br>South Windsor   |                             | State<br>CT                         | Zip Code<br>06074         |
| Principal Occupation<br>Engineer   |  | Name of Employer<br>Accuturn MFG  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>032520171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Singh   |  | First<br>Mohender   |                             | MI                                  | Contribution ID #<br>1379 |
| Residential Street Address<br>10 Hardy Dr  |  | City<br>Vernon  |                             | State<br>CT                         | Zip Code<br>06066         |
| Principal Occupation<br>Owner  |  | Name of Employer<br>Pizza Palace  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u>032520171</u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/25/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Patel</b>   | First<br><b>Dinesh</b>   | MI<br><b>N</b>  | Contribution ID #<br><b>1380</b>           |
| Residential Street Address<br><b>44 Tanya Dr</b>  | City<br><b>Manchester</b>  | State<br><b>CT</b>  | Zip Code<br><b>06040</b>                   |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>Cordial Shoppe</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |   |
|---|--|---|---|
| Last Name<br><b>Patel</b>   | First<br><b>Kanu</b>   | MI<br><b>P</b>  | Contribution ID #<br><b>1381</b>          |
| Residential Street Address<br><b>126 Middle Rd</b>  | City<br><b>Ellington</b>   | State<br><b>CT</b>  | Zip Code<br><b>06029</b>                  |
| Principal Occupation<br><b>Owner</b>  | Name of Employer<br><b>C V Mart</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|   |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Gaur</b>  | First<br><b>Jai</b>  | MI<br><b>P</b>  | Contribution ID #<br><b>1382</b>           |
| Residential Street Address<br><b>32 Blueberry HI</b>  | City<br><b>Wilton</b>  | State<br><b>CT</b>  | Zip Code<br><b>06897</b>                   |
| Principal Occupation<br><b>Sales</b>  | Name of Employer<br><b>Net tools</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|   |  |   |  |
|---|--|---|--|
| Last Name<br><b>Ramchandani</b>   | First<br><b>Puneet</b>   | MI<br><b></b>   | Contribution ID #<br><b>1383</b>           |
| Residential Street Address<br><b>26 Butternut Dr</b>  | City<br><b>Unionville</b>  | State<br><b>CT</b>  | Zip Code<br><b>06085</b>                   |
| Principal Occupation<br><b>Member</b>   | Name of Employer<br><b>Krishna Devi LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|   |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Parekh</b>   | First<br><b>Jyotish</b>  | MI<br><b>B</b>  | Contribution ID #<br><b>1384</b>           |
| Residential Street Address<br><b>37 Kimberly Rd</b>  | City<br><b>West Hartford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06107</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Parekh</b>   | First<br><b>Prakashkumar</b>   | MI<br><b>J</b>  | Contribution ID #<br><b>1385</b>           |
| Residential Street Address<br><b>36 Delmont Rd</b>   | City<br><b>East Hartford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06108</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Surti</b>  | First<br><b>Haresh</b>   | MI<br><b>R</b>  | Contribution ID #<br><b>1386</b>           |
| Residential Street Address<br><b>30 Sandra Dr</b>  | City<br><b>Manchester</b>  | State<br><b>CT</b>  | Zip Code<br><b>06042</b>                   |
| Principal Occupation<br><b>Principal</b>   | Name of Employer<br><b>Mandvi LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Gandhi</b>   | First<br><b>Dushyant</b>   | MI<br><b>N</b>  | Contribution ID #<br><b>1387</b>           |
| Residential Street Address<br><b>34 Stone Xing</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Dushyant Gandhi, MD</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Prakash</b>  | First<br><b>Ravi</b>   | MI  | Contribution ID #<br><b>1388</b>           |
| Residential Street Address<br><b>18 Brownwood Ln</b>   | City<br><b>Norwich</b>   | State<br><b>CT</b>  | Zip Code<br><b>06360</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Prakash Pediatrics LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Prakash</b>  | First<br><b>Manisha</b>  | MI<br><b>R</b>  | Contribution ID #<br><b>1389</b>           |
| Residential Street Address<br><b>18 Brownwood Ln</b>   | City<br><b>Norwich</b>   | State<br><b>CT</b>  | Zip Code<br><b>06360</b>                   |
| Principal Occupation<br><b>Physician</b>   | Name of Employer<br><b>Backus Hospital</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Tejas</b>  | MI<br><b>P</b>  | Contribution ID #<br><b>1390</b>           |
| Residential Street Address<br><b>44 Fitch Meadow Ln</b>  | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                   |
| Principal Occupation<br><b>IT</b>  | Name of Employer<br><b>Mass Mutual Financial</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Parekh</b>   | First<br><b>Janak</b>  | MI<br><b>S</b>  | Contribution ID #<br><b>1391</b>           |
| Residential Street Address<br><b>5 Lewis Ln</b>  | City<br><b>West Hartford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06110</b>                   |
| Principal Occupation<br><b>Software Engineer</b>   | Name of Employer<br><b>Optum</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <u><b>032520171</b></u>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/25/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bramhavar</b>   |  | First<br><b>Deepak</b>  |                                    | MI   | Contribution ID #<br><b>1392</b> |
| Residential Street Address<br><b>52 Hearthstone Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Physician (Radiologist)</b>  |  | Name of Employer<br><b>ECT Imaging P C</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bramhavar</b>   |  | First<br><b>Purnima</b>   |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1393</b> |
| Residential Street Address<br><b>52 Hearthstone Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Occupational Therapist</b>   |  | Name of Employer<br><b>East Hartford Public School</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parekh</b>  |  | First<br><b>Kiran</b>   |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1394</b> |
| Residential Street Address<br><b>52 W Gate St</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Westing House</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Jayantilal</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1395</b> |
| Residential Street Address<br><b>271 South St</b>   |  | City<br><b>Vernon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06066</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Drive in Package store</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Samtani</b>  |  | First<br><b>Meera</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1396</b> |
| Residential Street Address<br><b>140 South Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>congressman package store</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Samtani</b>  |  | First<br><b>Manohar</b>   |                                    | MI<br><b>T</b>                             | Contribution ID #<br><b>1397</b> |
| Residential Street Address<br><b>140 South Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>congressman package store</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Pratibha</b>  |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1398</b> |
| Residential Street Address<br><b>20 Lisa Dr</b>  |  | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Office Manager</b>  |  | Name of Employer<br><b>Girish L. Sharma MD</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Blaggen</b>  |  | First<br><b>Ranjit</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1399</b> |
| Residential Street Address<br><b>48 Cedar Swamp Rd</b>   |  | City<br><b>Storrs</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06268</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Huskyspirit shop</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032520171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Anthonypillai</b>   |  | First<br><b>Dawn</b>  |                                    | MI   | Contribution ID #<br><b>1574</b> |
| Residential Street Address<br><b>3 Eton Pl</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Wireless Shop</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/25/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Varghese</b>  |  | First<br><b>Niya</b>  |                                    | MI<br><b>L</b>                             | Contribution ID #<br><b>1400</b> |
| Residential Street Address<br><b>91 Peter Dr</b>  |  | City<br><b>Groton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Organizer</b>  |  | Name of Employer<br><b>Employee Party event</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Varghese</b>  |  | First<br><b>Lijoy</b>   |                                    | MI   | Contribution ID #<br><b>1401</b> |
| Residential Street Address<br><b>91 Peter Dr</b>  |  | City<br><b>Groton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Chef</b>   |  | Name of Employer<br><b>Mirch Masala</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Spinnato</b>  |  | First<br><b>Thomas</b>  |                                    | MI<br><b>w</b>                             | Contribution ID #<br><b>1402</b> |
| Residential Street Address<br><b>835 Montauk Ave</b>  |  | City<br><b>New London</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06320</b>         |
| Principal Occupation<br><b>Truck Driver</b>   |  | Name of Employer<br><b>City of New London</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>San Antonio</b>  | First<br><b>Hiram</b>  | MI  | Contribution ID #<br><b>1403</b>           |
| Residential Street Address<br><b>4 Pacific St</b>  | City<br><b>New London</b>  | State<br><b>CT</b>  | Zip Code<br><b>06320</b>                   |
| Principal Occupation<br><b>Nuclear Inspector</b>   | Name of Employer<br><b>Electric Boat</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Vijay</b>  | MI<br><b>G</b>  | Contribution ID #<br><b>1404</b>           |
| Residential Street Address<br><b>42 Penn Ln</b>  | City<br><b>Berlin</b>  | State<br><b>CT</b>  | Zip Code<br><b>06037</b>                   |
| Principal Occupation<br><b>manager</b>   | Name of Employer<br><b>Ma Charter Food LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Nimit</b>  | MI<br><b>V</b>  | Contribution ID #<br><b>1405</b>           |
| Residential Street Address<br><b>42 Penn Ln</b>  | City<br><b>Berlin</b>  | State<br><b>CT</b>  | Zip Code<br><b>06037</b>                   |
| Principal Occupation<br><b>manager</b>   | Name of Employer<br><b>Ma Charter Food LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Banga</b>  | First<br><b>Bharat</b>   | MI  | Contribution ID #<br><b>1406</b>           |
| Residential Street Address<br><b>76 Boston Post Rd</b>   | City<br><b>Mystic</b>  | State<br><b>CT</b>  | Zip Code<br><b>06349</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Taste of India LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Frantz</b>   | First<br><b>Francois</b>   | MI  | Contribution ID #<br><b>1407</b>           |
| Residential Street Address<br><b>40 Crystal Ave</b>  | City<br><b>New London</b>  | State<br><b>CT</b>  | Zip Code<br><b>06340</b>                   |
| Principal Occupation<br><b>chef</b>  | Name of Employer<br><b>Raj Chandra LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Laser</b>  | First<br><b>Doreen</b>   | MI  | Contribution ID #<br><b>1408</b>           |
| Residential Street Address<br><b>825 Monpaul Ave</b>   | City<br><b>New London</b>  | State<br><b>CT</b>  | Zip Code<br><b>06320</b>                   |
| Principal Occupation<br><b>chef</b>  | Name of Employer<br><b>Yoke Cafe LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Sagar</b>  | First<br><b>Nimesh</b>   | MI<br><b>M</b>  | Contribution ID #<br><b>1409</b>           |
| Residential Street Address<br><b>3 Paddock Rd</b>  | City<br><b>East Lyme</b>   | State<br><b>CT</b>  | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Westbrook Package Store</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Kalpesh</b>  | MI<br><b>K</b>  | Contribution ID #<br><b>1410</b>           |
| Residential Street Address<br><b>31 Washington Ave</b>   | City<br><b>Berlin</b>  | State<br><b>CT</b>  | Zip Code<br><b>06307</b>                   |
| Principal Occupation<br><b>manager</b>   | Name of Employer<br><b>Ocean Food Mart LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Jatin</b>  | MI<br><b>c</b>  | Contribution ID #<br><b>1411</b>           |
| Residential Street Address<br><b>35 Giovanni Dr</b>  | City<br><b>Waterford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06385</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Dollar world</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Umesh</b>  | MI  | Contribution ID #<br><b>1412</b>           |
| Residential Street Address<br><b>37 Spencer Plain Rd</b>   | City<br><b>Old Saybrook</b>  | State<br><b>CT</b>  | Zip Code<br><b>06475</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Super 8</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Janak</b>  | MI  | Contribution ID #<br><b>1413</b>           |
| Residential Street Address<br><b>470 Gold Star Hwy</b>   | City<br><b>Groton</b>  | State<br><b>CT</b>  | Zip Code<br><b>06340</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Flags Inn</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Pranav</b>   | MI<br><b>S</b>  | Contribution ID #<br><b>1414</b>           |
| Residential Street Address<br><b>8 High Ridge Rd</b>   | City<br><b>Cromwell</b>  | State<br><b>CT</b>  | Zip Code<br><b>06416</b>                   |
| Principal Occupation<br><b>IT</b>  | Name of Employer<br><b>P P Consulting LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Krunal</b>   | MI  | Contribution ID #<br><b>1415</b>           |
| Residential Street Address<br><b>58 Myrock Ave</b>   | City<br><b>Waterford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06385</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Gus's Pizza</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Ali</b>  | First<br><b>Mohammad</b>   | MI<br><b>B</b>  | Contribution ID #<br><b>1416</b>          |
| Residential Street Address<br><b>47 Ledyard St</b>   | City<br><b>New London</b>  | State<br><b>CT</b>  | Zip Code<br><b>06320</b>                  |
| Principal Occupation<br><b>PIT Boss</b>  | Name of Employer<br><b>Mohegan Sun Casino</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Nipunkumar</b>   | MI  | Contribution ID #<br><b>1417</b>           |
| Residential Street Address<br><b>4 Brushyplain Rd # 103</b>  | City<br><b>Branford</b>  | State<br><b>CT</b>  | Zip Code<br><b>06405</b>                   |
| Principal Occupation<br><b>manager</b>   | Name of Employer<br><b>Pranav LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Hetul</b>  | MI  | Contribution ID #<br><b>1418</b>           |
| Residential Street Address<br><b>35 Giovanni Dr</b>  | City<br><b>Waterford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06385</b>                   |
| Principal Occupation<br><b>Engineer</b>  | Name of Employer<br><b>Krell Industries</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Ankur</b>  | MI<br><b>K</b>  | Contribution ID #<br><b>1419</b>           |
| Residential Street Address<br><b>24 Podunk Cir</b>   | City<br><b>South Windsor</b>   | State<br><b>CT</b>  | Zip Code<br><b>06074</b>                   |
| Principal Occupation<br><b>Research Associate</b>  | Name of Employer<br><b>PPD</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Sagar</b>  | First<br><b>Ravi</b>   | MI<br><b>M</b>  | Contribution ID #<br><b>1420</b>           |
| Residential Street Address<br><b>470 Boston Post Rd</b>  | City<br><b>East Lyme</b>   | State<br><b>CT</b>  | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>electrical engineer</b>   | Name of Employer<br><b>Honeywell</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Solanki</b>  | First<br><b>Arpit</b>  | MI<br><b></b>   | Contribution ID #<br><b>1421</b>          |
| Residential Street Address<br><b>9 Boston Post Rd</b>  | City<br><b>Waterford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06385</b>                  |
| Principal Occupation<br><b>President</b>   | Name of Employer<br><b>Bestway Gas Station</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Nilesh</b>   | MI<br><b></b>   | Contribution ID #<br><b>1422</b>           |
| Residential Street Address<br><b>28 Village Dr</b>   | City<br><b>Quincy</b>  | State<br><b>MA</b>  | Zip Code<br><b>02169</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Comfort Inn</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
|  |  | Amount of Contribution<br><b>\$100.00</b>   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Divyesh</b>  | MI  | Contribution ID #<br><b>1423</b>           |
| Residential Street Address<br><b>5 Applewood Cmn</b>   | City<br><b>East Lyme</b>   | State<br><b>CT</b>  | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>ocean discount wine &amp; spirit LLC</b>  |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Shital</b>   | MI  | Contribution ID #<br><b>1424</b>           |
| Residential Street Address<br><b>2 Shire Dr</b>  | City<br><b>Wallingford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06492</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Dunkin Donuts</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Patel</b>  | First<br><b>Rajnikant</b>  | MI<br><b>N</b>  | Contribution ID #<br><b>1425</b>           |
| Residential Street Address<br><b>11 W Society Rd</b>   | City<br><b>East Lyme</b>   | State<br><b>CT</b>  | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Last Name<br><b>Desai</b>  | First<br><b>Ishvar</b>   | MI<br><b>S</b>  | Contribution ID #<br><b>1426</b>           |
| Residential Street Address<br><b>1 Harvest Gln</b>   | City<br><b>East Lyme</b>   | State<br><b>CT</b>  | Zip Code<br><b>06333</b>                   |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Shyam Ram LLC</b>   |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$100.00</b> |
| Amount of Contribution<br><b>\$100.00</b>  |  |   |  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Modi</b>   | First<br><b>Manish</b>   | MI  | Contribution ID #<br><b>1427</b>          |
| Residential Street Address<br><b>21 Twohill Rd</b>   | City<br><b>Waterford</b>   | State<br><b>CT</b>  | Zip Code<br><b>06385</b>                  |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Breads N' stuff</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620171</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$50.00</b> |
|  |  | Amount of Contribution<br><b>\$50.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Rana</b>   | First<br><b>Bharatkumar</b>  | MI  | Contribution ID #<br><b>1428</b>          |
| Residential Street Address<br><b>161 Main St</b>   | City<br><b>Danbury</b>   | State<br><b>CT</b>  | Zip Code<br><b>06810</b>                  |
| Principal Occupation<br><b>Machine Operator</b>  | Name of Employer<br><b>Putnam</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Purohit</b>  | First<br><b>Shashikala</b>   | MI<br><b>V</b>  | Contribution ID #<br><b>1429</b>          |
| Residential Street Address<br><b>39 Apollo Rd</b>  | City<br><b>Bethel</b>  | State<br><b>CT</b>  | Zip Code<br><b>06801</b>                  |
| Principal Occupation<br><b>Owner</b>   | Name of Employer<br><b>Shashikala Purohit Daycare</b>  |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

|  |  |   |   |
|--|--|---|---|
| Last Name<br><b>Purohit</b>  | First<br><b>Vanishankar</b>  | MI<br><b>G</b>  | Contribution ID #<br><b>1430</b>          |
| Residential Street Address<br><b>39 Apollo Rd</b>  | City<br><b>Bethel</b>  | State<br><b>CT</b>  | Zip Code<br><b>06801</b>                  |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>Retired</b>   |   |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received<br><b>03/26/2017</b>  | Aggregate Contributions<br><b>\$25.00</b> |
|  |  | Amount of Contribution<br><b>\$25.00</b>  |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cobbina</b>  |  | First<br><b>Max</b>   |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1431</b> |
| Residential Street Address<br><b>12 Stonybrook Rd</b>  |  | City<br><b>Brookfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06804</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retiredret</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chodary</b>  |  | First<br><b>Lateef</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1432</b> |
| Residential Street Address<br><b>12A Berch St # 2D</b>   |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Sales</b>   |  | Name of Employer<br><b>Country Line Nissan</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Joshi</b>  |  | First<br><b>Vipinchandra</b>  |                                    | MI<br><b></b>                             | Contribution ID #<br><b>1433</b> |
| Residential Street Address<br><b>12 Michaud Rd</b>   |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mohan</b>  |  | First<br><b>Munisha</b>   |                                    | MI<br><b>M</b>                            | Contribution ID #<br><b>1434</b> |
| Residential Street Address<br><b>54 Taunton Hill Rd</b>  |  | City<br><b>Newtown</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mohan</b>   |  | First<br><b>Krishna</b>   |                                    | MI  | Contribution ID #<br><b>1435</b> |
| Residential Street Address<br><b>54 Taunton Hill Rd</b>   |  | City<br><b>Newtown</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>manager</b>  |  | Name of Employer<br><b>Timex Group</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rana</b>  |  | First<br><b>Nayana</b>  |                                    | MI<br><b>H</b>                            | Contribution ID #<br><b>1436</b> |
| Residential Street Address<br><b>6 Tucker St</b>  |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>QA</b>   |  | Name of Employer<br><b>P &amp; BA Inc</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$35.00</b> | <b>\$35.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rana</b>  |  | First<br><b>Chandrakant</b>   |                                    | MI<br><b>B</b>                            | Contribution ID #<br><b>1437</b> |
| Residential Street Address<br><b>19 Pleasant St</b>   |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Electric Engineer</b>  |  | Name of Employer<br><b>Jovil Universal LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Ajay</b>  |                                    | MI   | Contribution ID #<br><b>1438</b> |
| Residential Street Address<br><b>110 Coalpit Hill Rd</b>  |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Realtor</b>  |  | Name of Employer<br><b>Nationwide homes LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bhasvar</b>  |  | First<br><b>Prakash</b>   |                                    | MI  | Contribution ID #<br><b>1439</b> |
| Residential Street Address<br><b>39 Lilac Ln</b>   |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Electrical Engineer</b>   |  | Name of Employer<br><b>Jovil Universal LLC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Chiman</b>  |                                    | MI<br><b>I</b>                             | Contribution ID #<br><b>1440</b> |
| Residential Street Address<br><b>36 Old Bethel Rd</b>  |  | City<br><b>Newtown</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06470</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>UCHC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Jagat</b>   |                                    | MI   | Contribution ID #<br><b>1441</b> |
| Residential Street Address<br><b>8 Treefarm Ln</b>   |  | City<br><b>Brookfield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06804</b>         |
| Principal Occupation<br><b>Dentist</b>   |  | Name of Employer<br><b>Danbury Dental Service PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Purushotaman</b>   |  | First<br><b>Jothi</b>   |                                    | MI   | Contribution ID #<br><b>1442</b> |
| Residential Street Address<br><b>45 Poplar Hill Dr</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>General Manager</b>   |  | Name of Employer<br><b>PAS Technologies</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rana</b>   |  | First<br><b>Bharat</b>  |                                    | MI<br><b>I</b>                            | Contribution ID #<br><b>1443</b> |
| Residential Street Address<br><b>73 Tucker St</b>  |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$51.00</b> | <b>\$51.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rana</b>   |  | First<br><b>Satish</b>  |                                    | MI<br><b>T</b>                             | Contribution ID #<br><b>1444</b> |
| Residential Street Address<br><b>48 Woodside Ave</b>   |  | City<br><b>Danbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06810</b>         |
| Principal Occupation<br><b>Clerk</b>   |  | Name of Employer<br><b>JNR Sheltarock Road LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list Event # <b>032620172</b>  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gorre</b>  |  | First<br><b>Seetharam</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1344</b> |
| Residential Street Address<br><b>84 Roseville Rd</b>   |  | City<br><b>Westport</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06880</b>         |
| Principal Occupation<br><b>Technology</b>  |  | Name of Employer<br><b>Point72 LP</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gorre</b>  |  | First<br><b>Srividya</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1345</b> |
| Residential Street Address<br><b>84 Roseville Rd</b>   |  | City<br><b>Westport</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06880</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/26/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dodia</b>  |  | First<br><b>Rekha</b>   |                                    | MI   | Contribution ID #<br><b>1445</b> |
| Residential Street Address<br><b>125 Gray Dr</b>   |  | City<br><b>Gilman</b>   |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60938</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dodia</b>  |  | First<br><b>Naran</b>   |                                    | MI   | Contribution ID #<br><b>1446</b> |
| Residential Street Address<br><b>125 Gray Dr</b>   |  | City<br><b>Gilman</b>   |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60938</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>IMH Gilman Clinic</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gazi</b>   |  | First<br><b>Nagis</b>   |                                    | MI   | Contribution ID #<br><b>1447</b> |
| Residential Street Address<br><b>84 Colton Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Padamati</b>   |  | First<br><b>Madhumathi</b>  |                                    | MI  | Contribution ID #<br><b>1448</b> |
| Residential Street Address<br><b>19 Pepperbush Ln</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Software Engineer</b>   |  | Name of Employer<br><b>CYIENT Inc</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Padamati</b>   |  | First<br><b>Mohan</b>   |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>1449</b> |
| Residential Street Address<br><b>19 Pepperbush Ln</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Account Manager</b>   |  | Name of Employer<br><b>CYIENT Inc</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sachdeva</b>   |  | First<br><b>Chander</b>   |                                    | MI   | Contribution ID #<br><b>1450</b> |
| Residential Street Address<br><b>9 Foxhill Dr</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>RN</b>  |  | Name of Employer<br><b>VACT Healthcare System</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sachdeva</b>   |  | First<br><b>Krishan</b>   |                                    | MI   | Contribution ID #<br><b>1451</b> |
| Residential Street Address<br><b>9 Foxhill Dr</b>  |  | City<br><b>Rocky Hill</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06067</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>DiLoreto</b>   |  | First<br><b>Mario</b>   |                                    | MI   | Contribution ID #<br><b>1452</b> |
| Residential Street Address<br><b>49 Candlewood Rd</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>President</b>   |  | Name of Employer<br><b>Readco, LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Raju</b>  |  | First<br><b>Shveta</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1453</b> |
| Residential Street Address<br><b>1612 Girvan Ridge Dr</b>   |  | City<br><b>Duleth</b>   |                                    | State<br><b>GA</b>                         | Zip Code<br><b>30097</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Gwinnett Clinic</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Raju</b>  |  | First<br><b>Dinesh</b>  |                                    | MI<br><b>GA</b>                            | Contribution ID #<br><b>1454</b> |
| Residential Street Address<br><b>1612 Girvan Ridge Dr</b>   |  | City<br><b>Duluth</b>   |                                    | State<br><b>GA</b>                         | Zip Code<br><b>30097</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Gwinnett Clinic</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Asha</b>  |                                    | MI<br><b>GA</b>                            | Contribution ID #<br><b>1455</b> |
| Residential Street Address<br><b>5330 Northwater Way</b>  |  | City<br><b>Duluth</b>   |                                    | State<br><b>GA</b>                         | Zip Code<br><b>30097</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Gwinnett Clinic</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>  |  | First<br><b>Deep</b>  |                                    | MI<br><b>GA</b>                            | Contribution ID #<br><b>1456</b> |
| Residential Street Address<br><b>5330 Northwater Way</b>  |  | City<br><b>Duluth</b>   |                                    | State<br><b>GA</b>                         | Zip Code<br><b>30097</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Gwinnett Clinic</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Majmudar</b>  |  | First<br><b>Kiran</b>   |                                    | MI<br><b>s</b>                             | Contribution ID #<br><b>1457</b> |
| Residential Street Address<br><b>6 Hummingbird Ln</b>   |  | City<br><b>Enfield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06082</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>L P Consultants</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Khybery</b>   |  | First<br><b>Kassem</b>  |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1458</b> |
| Residential Street Address<br><b>25 Huntington Pl</b>   |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Westchester Family Practice</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhaya</b>   |  | First<br><b>Mahesh</b>  |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>1459</b> |
| Residential Street Address<br><b>6 Tilson Ln</b>  |  | City<br><b>Sandy Hook</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06482</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>CT ENT Sinus &amp; Allergy</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Phatak</b>  |  | First<br><b>Sagar</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1460</b> |
| Residential Street Address<br><b>10 Riverside Ln</b>  |  | City<br><b>Easton</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06612</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Urology Specialists</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gupta</b>  |  | First<br><b>Arvind</b>  |                                    | MI<br><b>K</b>                             | Contribution ID #<br><b>1461</b> |
| Residential Street Address<br><b>36 Grouse Ln</b>  |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thornquist</b>   |  | First<br><b>Steven</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1462</b> |
| Residential Street Address<br><b>25 Oak Ridge Dr</b>   |  | City<br><b>Bethany</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06524</b>         |
| Principal Occupation<br><b>ophthalmologist</b>   |  | Name of Employer<br><b>The eye care group</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bozzuto</b>  |  | First<br><b>Elizabeth</b>   |                                    | MI<br><b>B</b>                             | Contribution ID #<br><b>1463</b> |
| Residential Street Address<br><b>6 Pelham Way</b>  |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>RN</b>  |  | Name of Employer<br><b>UConn JDH</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>McKeon</b>   |  | First<br><b>Thomas</b>  |                                    | MI<br><b>C</b>                             | Contribution ID #<br><b>1464</b> |
| Residential Street Address<br><b>79 Neill Dr</b>   |  | City<br><b>Watertown</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06795</b>         |
| Principal Occupation<br><b>Oral Surgeon</b>  |  | Name of Employer<br><b>DMD Associates PC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sutton</b>  |  | First<br><b>Trevor</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1465</b> |
| Residential Street Address<br><b>41 Soby Dr</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Waterbury Anesthesia Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Drullard</b>  |  | First<br><b>David</b>   |                                    | MI<br><b>W</b>                             | Contribution ID #<br><b>1466</b> |
| Residential Street Address<br><b>49 Coe Rd</b>  |  | City<br><b>Durham</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06422</b>         |
| Principal Occupation<br><b>Financial Advisor</b>  |  | Name of Employer<br><b>Wells Fargo Advisors</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Needleman</b>   |  | First<br><b>Andrea</b>  |                                    | MI   | Contribution ID #<br><b>1467</b> |
| Residential Street Address<br><b>287 Park Ave</b>   |  | City<br><b>Naugatuck</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06770</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Andrea Needleman, MD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Atluru</b>  |  | First<br><b>Murali</b>  |                                    | MI   | Contribution ID #<br><b>1468</b> |
| Residential Street Address<br><b>1800 Ben Franklin Dr # B207</b>  |  | City<br><b>Sarasota</b>   |                                    | State<br><b>FL</b>                         | Zip Code<br><b>34236</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bueno</b>   |  | First<br><b>Earl</b>  |                                    | MI   | Contribution ID #<br><b>1469</b> |
| Residential Street Address<br><b>64 Watertown Rd</b>  |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Anesthesiologist</b>   |  | Name of Employer<br><b>Waterbury Anesthesia Associates</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Cohen</b>   |  | First<br><b>Cathleen</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1470</b> |
| Residential Street Address<br><b>20 Barry Rd</b>  |  | City<br><b>Oxford</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06478</b>         |
| Principal Occupation<br><b>RN</b>   |  | Name of Employer<br><b>St Mary's Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Pannill</b>   |  | First<br><b>Fitzhugh</b>  |                                    | MI  | Contribution ID #<br><b>1471</b> |
| Residential Street Address<br><b>21 Apple Tree Ln</b>   |  | City<br><b>Woodbridge</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06525</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>SMA LLP</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Shetty</b>  |  | First<br><b>Jay</b>   |                                    | MI  | Contribution ID #<br><b>1472</b> |
| Residential Street Address<br><b>71 Eastfarm Rd</b>   |  | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Alliance Medical</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/29/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |   |   |                             |                                     |                           |
|--|---|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Timmerman   |   | First<br>Donald   |                             | MI<br>D                             | Contribution ID #<br>1168 |
| Residential Street Address<br>7 Pinehurst Ln   |   | City<br>Moodus  |                             | State<br>OH                         | Zip Code<br>06469         |
| Principal Occupation<br>Physician  |   | Name of Employer<br>Rushford Behavioral Health  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/29/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |   |   |                             |                                     |                           |
|--|---|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Desai   |   | First<br>Sanjay   |                             | MI                                  | Contribution ID #<br>0843 |
| Residential Street Address<br>2 Fales St   |   | City<br>Medway  |                             | State<br>MA                         | Zip Code<br>02053         |
| Principal Occupation<br>lab technician   |   | Name of Employer<br>BW Hospital   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/29/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |   |   |                             |                                     |                           |
|--|---|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Purohit   |   | First<br>Kamesh   |                             | MI<br>M                             | Contribution ID #<br>1473 |
| Residential Street Address<br>1304 Rush St   |   | City<br>S Plainfield  |                             | State<br>NJ                         | Zip Code<br>07080         |
| Principal Occupation<br>Travel Agent   |   | Name of Employer<br>Darpan Travels inc  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/30/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |   |   |                             |                                     |                           |
|--|---|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Joshi   |   | First<br>Vijay  |                             | MI<br>J                             | Contribution ID #<br>1474 |
| Residential Street Address<br>2521 Cromwell Dr   |   | City<br>Wyomissing  |                             | State<br>PA                         | Zip Code<br>19610         |
| Principal Occupation<br>Owner  |   | Name of Employer<br>Sayi Solutions  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/30/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Ajay</b>  |                                    | MI   | Contribution ID #<br><b>1475</b> |
| Residential Street Address<br><b>9390 Gladioks Preserve Cir</b>  |  | City<br><b>Fort Myers</b>   |                                    | State<br><b>FL</b>                         | Zip Code<br><b>33908</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Shriram 21 LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>   |  | First<br><b>Nishat</b>  |                                    | MI   | Contribution ID #<br><b>1476</b> |
| Residential Street Address<br><b>15590 Ocean Walk Cir</b>  |  | City<br><b>Fort Myers</b>   |                                    | State<br><b>FL</b>                         | Zip Code<br><b>33908</b>         |
| Principal Occupation<br><b>manager</b>   |  | Name of Employer<br><b>subway</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Raol</b>   |  | First<br><b>Amit</b>  |                                    | MI   | Contribution ID #<br><b>1477</b> |
| Residential Street Address<br><b>636 Sunderland Ave</b>  |  | City<br><b>Chester Springs</b>  |                                    | State<br><b>PA</b>                         | Zip Code<br><b>19425</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>ISZS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>  |  | First<br><b>Malavika</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1478</b> |
| Residential Street Address<br><b>324 St Stephens Dr</b>  |  | City<br><b>Westmont</b>   |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60523</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>   |  | First<br><b>Mehul</b>   |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1479</b> |
| Residential Street Address<br><b>824 St Stephens De</b>   |  | City<br><b>Westmont</b>   |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60523</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Desai LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Pinal</b>   |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1480</b> |
| Residential Street Address<br><b>1100 Parsippany Blvd</b>   |  | City<br><b>Parsippany</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07054</b>         |
| Principal Occupation<br><b>manager</b>  |  | Name of Employer<br><b>Krauszers</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Misra</b>   |  | First<br><b>Gautam</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1481</b> |
| Residential Street Address<br><b>45475 Indian Circle Dr</b>   |  | City<br><b>Canton</b>   |                                    | State<br><b>MI</b>                         | Zip Code<br><b>48187</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>Guardian Industries Corp</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>   |  | First<br><b>Sujana</b>  |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1482</b> |
| Residential Street Address<br><b>1613 Monteal Ct</b>  |  | City<br><b>San Jose</b>   |                                    | State<br><b>CA</b>                         | Zip Code<br><b>95120</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Desai</b>   |  | First<br><b>Satyen</b>  |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1483</b> |
| Residential Street Address<br><b>1613 Monteval Ct</b>   |  | City<br><b>San Jose</b>   |                                    | State<br><b>CA</b>                         | Zip Code<br><b>95120</b>         |
| Principal Occupation<br><b>manager</b>  |  | Name of Employer<br><b>Netflix</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>  |  | First<br><b>Siddharth</b>   |                                    | MI<br><b></b>                              | Contribution ID #<br><b>1484</b> |
| Residential Street Address<br><b>25 Buena Rd</b>  |  | City<br><b>Parsippany</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07054</b>         |
| Principal Occupation<br><b>fund accountant</b>  |  | Name of Employer<br><b>State Street corp</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zazzaro</b>   |  | First<br><b>Ritu</b>  |                                    | MI<br><b>A</b>                             | Contribution ID #<br><b>1485</b> |
| Residential Street Address<br><b>16 Cove Side Ln</b>  |  | City<br><b>Stonington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06378</b>         |
| Principal Occupation<br><b>sourcing consultant</b>  |  | Name of Employer<br><b>mass mutual</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Braunstein</b>  |  | First<br><b>Michael</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1486</b> |
| Residential Street Address<br><b>16 Cove Side Ln</b>  |  | City<br><b>Stonington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06378</b>         |
| Principal Occupation<br><b>Actuary</b>  |  | Name of Employer<br><b>University of Connecticut</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gopal</b>   |  | First<br><b>Haribhatki</b>  |                                    | MI   | Contribution ID #<br><b>1487</b> |
| Residential Street Address<br><b>614 Eden Rock Rd</b>   |  | City<br><b>Lewisville</b>   |                                    | State<br><b>NC</b>                         | Zip Code<br><b>27023</b>         |
| Principal Occupation<br><b>supplier quality engineer</b>  |  | Name of Employer<br><b>volvo truck</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shinde</b>  |  | First<br><b>Udaykumar</b>   |                                    | MI<br><b>P</b>                             | Contribution ID #<br><b>1488</b> |
| Residential Street Address<br><b>210 Lacava Rd</b>  |  | City<br><b>Bristol</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06010</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Tek systems</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Vijay</b>   |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>1489</b> |
| Residential Street Address<br><b>9431 Lochflora Dr</b>  |  | City<br><b>Spring</b>   |                                    | State<br><b>TX</b>                         | Zip Code<br><b>77379</b>         |
| Principal Occupation<br><b>Engineer</b>   |  | Name of Employer<br><b>HPE &amp; Comfort Inn</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Kaushik</b>   |                                    | MI<br><b>S</b>                             | Contribution ID #<br><b>1490</b> |
| Residential Street Address<br><b>356 Belleville Ave</b>   |  | City<br><b>Belleville</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07109</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Mike Central Food</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Parikh</b>  |  | First<br><b>Saumil</b>  |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>1491</b> |
| Residential Street Address<br><b>18109 Metz Dr</b>  |  | City<br><b>Germantown</b>   |                                    | State<br><b>MD</b>                         | Zip Code<br><b>20874</b>         |
| Principal Occupation<br><b>DJ</b>   |  | Name of Employer<br><b>SVP DJ</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>  |  | First<br><b>Pinakin</b>   |                                    | MI<br><b>NJ</b>                            | Contribution ID #<br><b>1492</b> |
| Residential Street Address<br><b>900 Cherry Valley Rd</b>   |  | City<br><b>Princeton</b>  |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>08540</b>         |
| Principal Occupation<br><b>CEO</b>  |  | Name of Employer<br><b>OHM INTL</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>  |  | First<br><b>Geeta</b>   |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>1493</b> |
| Residential Street Address<br><b>15659 Alton Dr</b>   |  | City<br><b>Fort Myers</b>   |                                    | State<br><b>FL</b>                         | Zip Code<br><b>33908</b>         |
| Principal Occupation<br><b>Administrative Secretary</b>   |  | Name of Employer<br><b>Lee health systems</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Joshi</b>   |  | First<br><b>Sunil</b>   |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1494</b> |
| Residential Street Address<br><b>20073 Black Wolf Run Pl</b>  |  | City<br><b>Ashburn</b>  |                                    | State<br><b>VA</b>                         | Zip Code<br><b>20147</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Fannie Mae</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Khybery</b>   |  | First<br><b>Nancy</b>  |   | MI<br><b>L</b>                             | Contribution ID #<br><b>1495</b>              |
| Residential Street Address<br><b>25 Huntington Pl</b>   |  | City<br><b>Norwich</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>                      |
| Principal Occupation<br><b>Office Manager</b>   |  |  | Name of Employer<br><b>Westchester Family Practice</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Spencer</b>   |  | First<br><b>Gilbert</b>  |   | MI<br><b>D</b>                             | Contribution ID #<br><b>1496</b>              |
| Residential Street Address<br><b>450 New London Tpke</b>  |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Retired</b>  |  |  | Name of Employer<br><b>Retired</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Budd</b>  |  | First<br><b>Mary</b>   |   | MI<br><b>G</b>                             | Contribution ID #<br><b>1497</b>              |
| Residential Street Address<br><b>270 Chestnuthill Rd</b>  |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Homemaker</b>  |  |  | Name of Employer<br><b>Homemaker</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| Last Name<br><b>Budd</b>  |  | First<br><b>Edward</b>   |   | MI<br><b>H</b>                             | Contribution ID #<br><b>1498</b>              |
| Residential Street Address<br><b>270 Chestnuthill Rd</b>  |  | City<br><b>Glastonbury</b>   |   | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>                      |
| Principal Occupation<br><b>Retired</b>  |  |  | Name of Employer<br><b>Retired</b>  |  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Amount of Contribution<br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b>         |   |
|   |  |  |   | Aggregate Contributions<br><b>\$100.00</b> |   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>CSB   |  | First<br>Manian   |                             | MI                                  | Contribution ID #<br>1499 |
| Residential Street Address<br>158 Sterling Dr  |  | City<br>Newington   |                             | State<br>CT                         | Zip Code<br>06111         |
| Principal Occupation<br>Software Engineer  |  | Name of Employer<br>online systems , LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/30/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Chowdhary   |  | First<br>Harjinder  |                             | MI<br>S                             | Contribution ID #<br>1500 |
| Residential Street Address<br>7 Wadsworth St   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>Backus Hospital   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/30/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Singh   |  | First<br>Amritpal   |                             | MI<br>M                             | Contribution ID #<br>1571 |
| Residential Street Address<br>41 Juniper St  |  | City<br>Jersey City   |                             | State<br>NJ                         | Zip Code<br>07305         |
| Principal Occupation<br>Director of IT   |  | Name of Employer<br>Amtrust Financial   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/30/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Upadhyay  |  | First<br>Jatan  |                             | MI                                 | Contribution ID #<br>1572 |
| Residential Street Address<br>58 Alexis Dr   |  | City<br>Newark  |                             | State<br>DE                        | Zip Code<br>19702         |
| Principal Occupation<br>IT software  |  | Name of Employer<br>Delasoft, INC   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/30/2017 | Aggregate Contributions<br>\$50.00 | \$50.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Bangalore</b>   |  | First<br><b>Pashupathinath</b>  |                                    | MI  | Contribution ID #<br><b>1573</b> |
| Residential Street Address<br><b>6 Morello Cir</b>  |  | City<br><b>Windsor</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06095</b>         |
| Principal Occupation<br><b>IT</b>   |  | Name of Employer<br><b>Insurity</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Ketan</b>   |                                    | MI<br><b>H</b>                             | Contribution ID #<br><b>1568</b> |
| Residential Street Address<br><b>803 Tory Ct</b>  |  | City<br><b>Schaumburg</b>   |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60173</b>         |
| Principal Occupation<br><b>owner</b>  |  | Name of Employer<br><b>Shakti 7 Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>   |  | First<br><b>Minal</b>   |                                    | MI   | Contribution ID #<br><b>1569</b> |
| Residential Street Address<br><b>803 Tory Ct</b>  |  | City<br><b>Schaumburg</b>   |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60173</b>         |
| Principal Occupation<br><b>Owner</b>  |  | Name of Employer<br><b>Smita 7 INC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/30/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Thomas</b>  |  | First<br><b>George</b>  |                                    | MI  | Contribution ID #<br><b>1575</b> |
| Residential Street Address<br><b>158 Graham Ridge Rd</b>  |  | City<br><b>Naugatuck</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06706</b>         |
| Principal Occupation<br><b>IT manager</b>   |  | Name of Employer<br><b>The Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhattaram</b>   |  | First<br><b>Sirisha</b>   |                                    | MI   | Contribution ID #<br><b>1576</b> |
| Residential Street Address<br><b>90 Litchfield Rd</b>   |  | City<br><b>Unionville</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06085</b>         |
| Principal Occupation<br><b>President</b>  |  | Name of Employer<br><b>sai solutions Inc.</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Keune</b>   |  | First<br><b>Christina</b>   |                                    | MI<br><b>M</b>                             | Contribution ID #<br><b>1577</b> |
| Residential Street Address<br><b>335 Somers Rd</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>associate Accountant</b>   |  | Name of Employer<br><b>State of Connecticut</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dorosinski</b>  |  | First<br><b>Slawomir</b>  |                                    | MI   | Contribution ID #<br><b>1578</b> |
| Residential Street Address<br><b>369 Main St</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>manager</b>  |  | Name of Employer<br><b>Capitol Contractors</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chandramohan</b>  |  | First<br><b>Savitha</b>   |                                    | MI   | Contribution ID #<br><b>1579</b> |
| Residential Street Address<br><b>721 W Avon Rd</b>  |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>RN</b>   |  | Name of Employer<br><b>The Resevior</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chandramohan</b>   |  | First<br><b>Raju</b>  |                                    | MI   | Contribution ID #<br><b>1580</b> |
| Residential Street Address<br><b>721 W Avon Rd</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>software consultant</b>   |  | Name of Employer<br><b>EBIX Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rengasamy</b>  |  | First<br><b>Kandasamy</b>   |                                    | MI   | Contribution ID #<br><b>1581</b> |
| Residential Street Address<br><b>6 White Pine Ter</b>  |  | City<br><b>Weatogue</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06089</b>         |
| Principal Occupation<br><b>Dentist</b>   |  | Name of Employer<br><b>UConn</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Trivedi</b>  |  | First<br><b>Anshu</b>   |                                    | MI   | Contribution ID #<br><b>1582</b> |
| Residential Street Address<br><b>37 Cambridge Xing</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Eastern CT Pathology Consultants</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Trivedi</b>  |  | First<br><b>Ruchir</b>  |                                    | MI<br><b>D</b>                             | Contribution ID #<br><b>1583</b> |
| Residential Street Address<br><b>37 Cambridge Xing</b>   |  | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>UConn Health Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patchala</b>  |  | First<br><b>Suneel</b>  |                                    | MI   | Contribution ID #<br><b>1584</b> |
| Residential Street Address<br><b>6 Chase Hollow Rd</b>  |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>IT manager</b>   |  | Name of Employer<br><b>Cognizant Technology Solutions</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Thirumappan</b>   |  | First<br><b>Surendrakumar</b>   |                                    | MI   | Contribution ID #<br><b>1585</b> |
| Residential Street Address<br><b>10 Chase Hollow Rd</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>manager</b>  |  | Name of Employer<br><b>The Hartford</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Sarania</b>   |  | First<br><b>Rajendran</b>   |                                    | MI  | Contribution ID #<br><b>1586</b> |
| Residential Street Address<br><b>115 West Rd # 3727</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>business informatics manager</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Darisi</b>  |  | First<br><b>Venkata</b>   |                                    | MI<br><b>R</b>                            | Contribution ID #<br><b>1587</b> |
| Residential Street Address<br><b>4 Timothy Ln</b>   |  | City<br><b>Ellington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06029</b>         |
| Principal Occupation<br><b>Senior App. developer</b>  |  | Name of Employer<br><b>Selective, Inc</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$51.00</b> | <b>\$51.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hegde   |  | First<br>Poornima   |                             | MI<br>U                             | Contribution ID #<br>1588 |
| Residential Street Address<br>10 Northgate   |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>UConn   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Hegde   |  | First<br>Upendra  |                             | MI<br>P                             | Contribution ID #<br>1589 |
| Residential Street Address<br>10 Northgate   |  | City<br>Avon  |                             | State<br>CT                         | Zip Code<br>06001         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>UConn   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Carter  |  | First<br>Daniel   |                             | MI                                 | Contribution ID #<br>1590 |
| Residential Street Address<br>14 Katrina Cir   |  | City<br>Bethel  |                             | State<br>CT                        | Zip Code<br>06801         |
| Principal Occupation<br>consultant   |  | Name of Employer<br>Carter McBride, LLC   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Brahmbhatt  |  | First<br>Tejas  |                             | MI                                  | Contribution ID #<br>1591 |
| Residential Street Address<br>15330 Ballast Point Dr   |  | City<br>Fort Myers  |                             | State<br>FL                         | Zip Code<br>33908         |
| Principal Occupation<br>manager  |  | Name of Employer<br>subway  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vyas</b>   |  | First<br><b>Niranjan</b>  |                                    | MI   | Contribution ID #<br><b>1592</b> |
| Residential Street Address<br><b>834 Sumner Ave</b>  |  | City<br><b>Springfield</b>  |                                    | State<br><b>MA</b>                         | Zip Code<br><b>01108</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Agarwal</b>  |  | First<br><b>Sandeep</b>   |                                    | MI   | Contribution ID #<br><b>1593</b> |
| Residential Street Address<br><b>17 Rue Cezanne</b>  |  | City<br><b>Somerset</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>08873</b>         |
| Principal Occupation<br><b>I T</b>   |  | Name of Employer<br><b>Bank of America</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Shah</b>   |  | First<br><b>Jagruti</b>   |                                    | MI<br><b>N</b>                             | Contribution ID #<br><b>1594</b> |
| Residential Street Address<br><b>439 Cortland Ave</b>  |  | City<br><b>San Francisco</b>  |                                    | State<br><b>CA</b>                         | Zip Code<br><b>94110</b>         |
| Principal Occupation<br><b>HR Services</b>   |  | Name of Employer<br><b>Varmour</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>   |  | First<br><b>Raghuvir</b>  |                                    | MI   | Contribution ID #<br><b>1595</b> |
| Residential Street Address<br><b>179 Camden Rd</b>   |  | City<br><b>Parsippany</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07054</b>         |
| Principal Occupation<br><b>manager</b>   |  | Name of Employer<br><b>Shriyog LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pathak</b>   |  | First<br><b>Yogesh</b>  |                                    | MI   | Contribution ID #<br><b>1596</b> |
| Residential Street Address<br><b>179 Camden Rd</b>   |  | City<br><b>Parsippany</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07054</b>         |
| Principal Occupation<br><b>manager</b>   |  | Name of Employer<br><b>Tejasvi LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Patel</b>  |  | First<br><b>Manishkumar</b>   |                                    | MI   | Contribution ID #<br><b>1597</b> |
| Residential Street Address<br><b>479 Providence Rd</b>   |  | City<br><b>Brooklyn</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06234</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Ayana Hotel</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Renu</b>  |                                    | MI   | Contribution ID #<br><b>1598</b> |
| Residential Street Address<br><b>9 David Dr</b>  |  | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Beautician</b>  |  | Name of Employer<br><b>Star threading &amp; Salon</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>   |  | First<br><b>Hari</b>  |                                    | MI   | Contribution ID #<br><b>1599</b> |
| Residential Street Address<br><b>9 David Dr</b>  |  | City<br><b>Simsbury</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06070</b>         |
| Principal Occupation<br><b>Project Manager</b>   |  | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dhami</b>  |  | First<br><b>Mandeet</b>   |                                    | MI   | Contribution ID #<br><b>1600</b> |
| Residential Street Address<br><b>273 Imperial Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>ECHO</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dhami</b>  |  | First<br><b>Sabina</b>  |                                    | MI   | Contribution ID #<br><b>1601</b> |
| Residential Street Address<br><b>273 Imperial Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Project Manager</b>   |  | Name of Employer<br><b>Massachusetts General Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Pothiawala</b>   |  | First<br><b>Shahida</b>   |                                    | MI   | Contribution ID #<br><b>1602</b> |
| Residential Street Address<br><b>6 Ronda Ln</b>  |  | City<br><b>North Stonington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06359</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kaur</b>   |  | First<br><b>Kundan</b>  |                                    | MI   | Contribution ID #<br><b>1603</b> |
| Residential Street Address<br><b>90 Case St</b>  |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bhatia</b>  |  | First<br><b>Swarnjit Singh</b>  |                                    | MI   | Contribution ID #<br><b>1604</b> |
| Residential Street Address<br><b>14 Debbie Ct</b>   |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Member</b>   |  | Name of Employer<br><b>Swaran LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Griffith</b>  |  | First<br><b>James</b>   |                                    | MI<br><b>G</b>                             | Contribution ID #<br><b>1605</b> |
| Residential Street Address<br><b>56 Gibbs Xing</b>  |  | City<br><b>Norwich</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06360</b>         |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Dhami</b>   |  | First<br><b>Raveena</b>   |                                    | MI   | Contribution ID #<br><b>1606</b> |
| Residential Street Address<br><b>273 Imperial Dr</b>  |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Mt. Sinai Hospital</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Vithala</b>   |  | First<br><b>Anil</b>  |                                    | MI   | Contribution ID #<br><b>1607</b> |
| Residential Street Address<br><b>15 S Ridge Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Anil Vithala, MD</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Tohan   |  | First<br>Joanna   |                             | MI                                  | Contribution ID #<br>1608 |
| Residential Street Address<br>PO Box 210   |  | City<br>Unionville  |                             | State<br>CT                         | Zip Code<br>06085         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Purushotaman  |  | First<br>Kokila   |                             | MI                                  | Contribution ID #<br>1609 |
| Residential Street Address<br>45 Poplar Hill Dr  |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>Homemaker  |  | Name of Employer<br>Homemaker   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Dhami   |  | First<br>Sangeeta   |                             | MI                                  | Contribution ID #<br>1610 |
| Residential Street Address<br>273 Imperial Dr  |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation   |  | Name of Employer  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Diviti  |  | First<br>Sreenivas  |                             | MI                                  | Contribution ID #<br>1611 |
| Residential Street Address<br>31 Lakeshore Dr # A2   |  | City<br>Farmington  |                             | State<br>CT                         | Zip Code<br>06032         |
| Principal Occupation<br>software engineer  |  | Name of Employer<br>Siemens   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Singh</b>   |  | First<br><b>Gurpeet</b>   |                                    | MI   | Contribution ID #<br><b>1612</b> |
| Residential Street Address<br><b>197 Foxboro Dr</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>President</b>  |  | Name of Employer<br><b>GSPC Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Mathew</b>  |  | First<br><b>Jaison</b>  |                                    | MI  | Contribution ID #<br><b>1613</b> |
| Residential Street Address<br><b>2 Faith Rd</b>   |  | City<br><b>Newington</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06111</b>         |
| Principal Occupation<br><b>Counselor</b>  |  | Name of Employer<br><b>Community Mental Health Affiliates</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Prasad</b>  |  | First<br><b>Kala</b>  |                                    | MI  | Contribution ID #<br><b>1614</b> |
| Residential Street Address<br><b>268 Grandview Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Accounts payable</b>   |  | Name of Employer<br><b>Allergy Associates of Hartford</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$24.00</b> | <b>\$24.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Morgenthal</b>  |  | First<br><b>Lawrence</b>  |                                    | MI   | Contribution ID #<br><b>1501</b> |
| Residential Street Address<br><b>14 Tallwoods Rd</b>  |  | City<br><b>Armonk</b>   |                                    | State<br><b>NY</b>                         | Zip Code<br><b>10504</b>         |
| Principal Occupation<br><b>Investor</b>   |  | Name of Employer<br><b>Soundlink Partners, LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>gupta   |  | First<br>sushil   |                             | MI                                  | Contribution ID #<br>1502 |
| Residential Street Address<br>19 Tulip Tree Ln   |  | City<br>Woodbridge  |                             | State<br>CT                         | Zip Code<br>06525         |
| Principal Occupation<br>Physician  |  | Name of Employer<br>pulmonary care  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Gupta   |  | First<br>Neelam   |                             | MI                                  | Contribution ID #<br>1503 |
| Residential Street Address<br>19 Tulip Tree Ln   |  | City<br>Woodbridge  |                             | State<br>CT                         | Zip Code<br>06525         |
| Principal Occupation<br>Director   |  | Name of Employer<br>Sleep Disorders Center of CT  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Hurley  |  | First<br>Lisa   |                             | MI                                 | Contribution ID #<br>1504 |
| Residential Street Address<br>146 Shagbark Rd  |  | City<br>Glastonbury   |                             | State<br>CT                        | Zip Code<br>06033         |
| Principal Occupation<br>Fidelity Investments   |  | Name of Employer<br>Fidelity Investments  |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$40.00 | \$40.00                   |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>ODonnell  |  | First<br>Terry  |                             | MI                                  | Contribution ID #<br>1505 |
| Residential Street Address<br>69 N Stone St ;  |  | City<br>West Suffield   |                             | State<br>CT                         | Zip Code<br>06093         |
| Principal Occupation<br>physician Assistant  |  | Name of Employer<br>Quinnipiac University   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tuttle</b>  |   | First<br><b>Mark</b>  |                                    | MI   | Contribution ID #<br><b>1506</b> |
| Residential Street Address<br><b>497 Wickham Rd</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Prohealth Physicians Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Sharma</b>  |   | First<br><b>Prabha</b>  |                                    | MI   | Contribution ID #<br><b>1507</b> |
| Residential Street Address<br><b>36 Jonathan Ln</b>   |   | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>IT</b>   |   | Name of Employer<br><b>DRS</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Orientale</b>   |   | First<br><b>Eugene</b>  |                                    | MI   | Contribution ID #<br><b>1508</b> |
| Residential Street Address<br><b>58 Rampart Dr</b>  |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Program Director, Family Medicine</b>  |   | Name of Employer<br><b>UCONN Health Center</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>mcgrane</b>   |   | First<br><b>virginia</b>  |                                    | MI   | Contribution ID #<br><b>1509</b> |
| Residential Street Address<br><b>599 Midland Ave .,</b>   |   | City<br><b>Rye</b>  |                                    | State<br><b>NY</b>                         | Zip Code<br><b>10580</b>         |
| Principal Occupation<br><b>Lawyer</b>   |   | Name of Employer<br><b>murphy higgins schiavetta</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>VODAPALLY</b>   |   | First<br><b>Mohan</b>   |                                    | MI   | Contribution ID #<br><b>1510</b> |
| Residential Street Address<br><b>35 Summer Hill Ct</b>  |   | City<br><b>Cheshire</b>   |                                    | State<br><b>CT</b>                         | Zip Code                         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Connecticut Regional Pain Specialists LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>O'Donnell</b>   |   | First<br><b>David</b>   |                                    | MI   | Contribution ID #<br><b>1511</b> |
| Residential Street Address<br><b>69 N Stone St ;</b>  |   | City<br><b>West Suffield</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06093</b>         |
| Principal Occupation<br><b>Territory Manager</b>  |   | Name of Employer<br><b>Primesource Building Materials</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Finn</b>  |   | First<br><b>James</b>   |                                    | MI  | Contribution ID #<br><b>1512</b> |
| Residential Street Address<br><b>231 Munson Rd</b>  |   | City<br><b>Middlebury</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06762</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Wolfe</b>   |   | First<br><b>Stephen</b>   |                                    | MI   | Contribution ID #<br><b>1513</b> |
| Residential Street Address<br><b>126 Beacon Hill Dr</b>   |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>ENT of Greater Hartford</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Divatia   |  | First<br>Vandan   |                             | MI                                  | Contribution ID #<br>1514 |
| Residential Street Address<br>102 Trail St   |  | City<br>Fairfield   |                             | State<br>CT                         | Zip Code<br>06825         |
| Principal Occupation<br>Director   |  | Name of Employer<br>Eversource Energy   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Grant   |  | First<br>Anthony  |                             | MI                                  | Contribution ID #<br>1515 |
| Residential Street Address<br>89 Crystal Ridge Dr  |  | City<br>South Glastonbury   |                             | State<br>CT                         | Zip Code<br>06073         |
| Principal Occupation<br>Owner  |  | Name of Employer<br>Briccos rest  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Goldman   |  | First<br>Arnold   |                             | MI                                  | Contribution ID #<br>1516 |
| Residential Street Address<br>89 High Valley Dr  |  | City<br>Canton  |                             | State<br>CT                         | Zip Code<br>06019         |
| Principal Occupation<br>Veterinarian   |  | Name of Employer<br>Canton Animal Hospital LLC  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Fagan   |  | First<br>Patricia   |                             | MI                                  | Contribution ID #<br>1517 |
| Residential Street Address<br>4 Longridge Ct   |  | City<br>Unionville  |                             | State<br>CT                         | Zip Code<br>06085         |
| Principal Occupation<br>MD   |  | Name of Employer<br>Women's Health Connecticut  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Brahmbhatt</b>  |   | First<br><b>Aditi</b>   |                                    | MI   | Contribution ID #<br><b>1518</b> |
| Residential Street Address<br><b>2544 W Devon Ave</b>   |   | City<br><b>Chicago</b>  |                                    | State<br><b>IL</b>                         | Zip Code<br><b>60659</b>         |
| Principal Occupation<br><b>Student</b>  |   | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chivukula</b>   |   | First<br><b>Bala</b>  |                                    | MI   | Contribution ID #<br><b>1519</b> |
| Residential Street Address<br><b>87 Payne Rd</b>  |   | City<br><b>Bethel</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06801</b>         |
| Principal Occupation<br><b>Project Manager</b>  |   | Name of Employer<br><b>IBM</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gupta</b>   |   | First<br><b>Dinesh</b>  |                                    | MI   | Contribution ID #<br><b>1520</b> |
| Residential Street Address<br><b>29 Wildwood Cir</b>  |   | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Gupta</b>   |   | First<br><b>Alka</b>  |                                    | MI   | Contribution ID #<br><b>1521</b> |
| Residential Street Address<br><b>29 Wildwood Cir</b>  |   | City<br><b>South Windsor</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06074</b>         |
| Principal Occupation<br><b>Retired</b>  |   | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Brown</b>   |  | First<br><b>Seth</b>  |                                    | MI   | Contribution ID #<br><b>1522</b> |
| Residential Street Address<br><b>99 Norwood Rd .</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06117</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Prohealth Physicians</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Giles</b>   |  | First<br><b>Susan</b>   |                                    | MI  | Contribution ID #<br><b>1523</b> |
| Residential Street Address<br><b>56 Mountain Terrace Rd .</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06107</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>RheumSpec CT</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Chivukula</b>   |  | First<br><b>Jyothi</b>  |                                    | MI   | Contribution ID #<br><b>1524</b> |
| Residential Street Address<br><b>87 Payne Rd</b>  |  | City<br><b>Bethel</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06801</b>         |
| Principal Occupation<br><b>SSA</b>  |  | Name of Employer<br><b>USPS</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Zimmerman</b>   |  | First<br><b>Steve</b>   |                                    | MI   | Contribution ID #<br><b>1525</b> |
| Residential Street Address<br><b>273 Grandview Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Business Executive</b>   |  | Name of Employer<br><b>Transamerica</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Zimmerman   |  | First<br>Noelle   |                             | MI                                  | Contribution ID #<br>1526 |
| Residential Street Address<br>273 Grandview Dr   |  | City<br>Glastonbury   |                             | State<br>CT                         | Zip Code<br>06033         |
| Principal Occupation<br>Insurance  |  | Name of Employer<br>Travelers   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Annambhotla   |  | First<br>Prasad   |                             | MI                                  | Contribution ID #<br>1527 |
| Residential Street Address<br>83 Elk Dr  |  | City<br>Southbury   |                             | State<br>CT                         | Zip Code<br>06488         |
| Principal Occupation<br>manager  |  | Name of Employer<br>Wellpoint   |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                     |                           |
|--|--|---|-----------------------------|-------------------------------------|---------------------------|
| Last Name<br>Annambhotla   |  | First<br>Prasanna   |                             | MI                                  | Contribution ID #<br>1528 |
| Residential Street Address<br>83 Elk Dr  |  | City<br>Southbury   |                             | State<br>CT                         | Zip Code<br>06488         |
| Principal Occupation<br>IT Analyst   |  | Name of Employer<br>Cartus  |                             |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$100.00 | \$100.00                  |

|  |  |   |                             |                                    |                           |
|--|--|---|-----------------------------|------------------------------------|---------------------------|
| Last Name<br>Annambhotla   |  | First<br>Meghana  |                             | MI                                 | Contribution ID #<br>1529 |
| Residential Street Address<br>83 Elk Dr  |  | City<br>Southbury   |                             | State<br>CT                        | Zip Code<br>06488         |
| Principal Occupation<br>Student  |  | Name of Employer<br>Student   |                             |                                    |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution             |                           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br>03/31/2017 | Aggregate Contributions<br>\$25.00 | \$25.00                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Tedford</b>   |  | First<br><b>Andrew</b>  |                                    | MI  | Contribution ID #<br><b>1530</b> |
| Residential Street Address<br><b>70 Troutstream Dr</b>  |  | City<br><b>Vernon</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06066</b>         |
| Principal Occupation<br><b>Staff Coordinator</b>  |  | Name of Employer<br><b>Hartford Hospital</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Mohanraj</b>  |  | First<br><b>Navaratnasingham</b>  |                                    | MI   | Contribution ID #<br><b>1531</b> |
| Residential Street Address<br><b>215 Reservoir Rd .</b>   |  | City<br><b>New Britain</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06052</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Dr. NAC Mohanraj</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Narayanan</b>   |  | First<br><b>Uma</b>   |                                    | MI  | Contribution ID #<br><b>1532</b> |
| Residential Street Address<br><b>53 Blue Ridge Dr</b>   |  | City<br><b>Weatogue</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06089</b>         |
| Principal Occupation<br><b>Homemaker</b>  |  | Name of Employer<br><b>Homemaker</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |  |   |                                    |   |                                  |
|---|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Preskenis</b>   |  | First<br><b>William</b>   |                                    | MI  | Contribution ID #<br><b>1533</b> |
| Residential Street Address<br><b>157 Westledge Rd</b>   |  | City<br><b>West Simsbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06092</b>         |
| Principal Occupation<br><b>Physician</b>  |  | Name of Employer<br><b>Prime Healthcare PC</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Singh</b>  |  | First<br><b>Rakesh</b>  |                                    | MI   | Contribution ID #<br><b>1534</b> |
| Residential Street Address<br><b>3714 Fall Grove Ct</b>  |  | City<br><b>Houston</b>  |                                    | State<br><b>TX</b>                         | Zip Code<br><b>77059</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Singh</b>  |  | First<br><b>Sarita</b>  |                                    | MI   | Contribution ID #<br><b>1535</b> |
| Residential Street Address<br><b>3714 Fall Grove Ct</b>  |  | City<br><b>Houston</b>  |                                    | State<br><b>TX</b>                         | Zip Code<br><b>77059</b>         |
| Principal Occupation<br><b>contract manager</b>  |  | Name of Employer<br><b>United Healthcare</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Inman</b>  |  | First<br><b>Richard</b>   |                                    | MI   | Contribution ID #<br><b>1536</b> |
| Residential Street Address<br><b>155 S Mill Dr</b>   |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Subramaniam</b>  |  | First<br><b>Selvanaigam</b>   |                                    | MI   | Contribution ID #<br><b>1537</b> |
| Residential Street Address<br><b>190 Georgetown Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>manager</b>   |  | Name of Employer<br><b>Sagarsoft, Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kalva</b>  |  | First<br><b>Satish</b>  |                                    | MI   | Contribution ID #<br><b>1538</b> |
| Residential Street Address<br><b>14-22ND STEET,</b>  |  | City<br><b>Whitestone</b>   |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11357</b>         |
| Principal Occupation<br><b>Owner</b>   |  | Name of Employer<br><b>Sagarsoft, Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Surendran</b>  |  | First<br><b>Usha</b>  |                                    | MI   | Contribution ID #<br><b>1539</b> |
| Residential Street Address<br><b>190 Georgetown Dr</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Analyst</b>   |  | Name of Employer<br><b>Hartford Life</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Kalva</b>  |  | First<br><b>Shailaja</b>  |                                    | MI   | Contribution ID #<br><b>1540</b> |
| Residential Street Address<br><b>14-22ND STREET,</b>   |  | City<br><b>Whitestone</b>   |                                    | State<br><b>NY</b>                         | Zip Code<br><b>11357</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>NYU</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Seelam</b>   |  | First<br><b>Samatha</b>   |                                    | MI   | Contribution ID #<br><b>1541</b> |
| Residential Street Address<br><b>90 Tufts Dr</b>   |  | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06042</b>         |
| Principal Occupation<br><b>computer programmer</b>   |  | Name of Employer<br><b>ESPN</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Bandyopadhyay</b>   |   | First<br><b>Tapas</b>   |                                    | MI   | Contribution ID #<br><b>1542</b> |
| Residential Street Address<br><b>8 Orchard Rd ,</b>   |   | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>Prime health care</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Garigipati</b>  |   | First<br><b>Sasikala</b>  |                                    | MI   | Contribution ID #<br><b>1543</b> |
| Residential Street Address<br><b>324 Great Pond Rd</b>  |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Financial analyst</b>  |   | Name of Employer<br><b>Aetna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>kakarla</b>   |   | First<br><b>sravanthi</b>   |                                    | MI   | Contribution ID #<br><b>1544</b> |
| Residential Street Address<br><b>18 Cyr Dr</b>  |   | City<br><b>Manchester</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06040</b>         |
| Principal Occupation<br><b>software engineer</b>  |   | Name of Employer<br><b>Cigna</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Driggs</b>  |   | First<br><b>William</b>   |                                    | MI   | Contribution ID #<br><b>1545</b> |
| Residential Street Address<br><b>801 Main St</b>  |   | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Restauranter</b>   |   | Name of Employer<br><b>Hopewell Associates LLC</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>SHAH</b>  |   | First<br><b>DARSHAN</b>   |                                    | MI   | Contribution ID #<br><b>1546</b> |
| Residential Street Address<br><b>13 Cherry Brook Ln</b>   |   | City<br><b>Suffield</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06078</b>         |
| Principal Occupation<br><b>Physician</b>  |   | Name of Employer<br><b>darshan shah md llc</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ammareddy</b>   |   | First<br><b>Vijaya</b>  |                                    | MI   | Contribution ID #<br><b>1547</b> |
| Residential Street Address<br><b>23 Highpoint Cmns</b>  |   | City<br><b>Marlborough</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06447</b>         |
| Principal Occupation<br><b>Faculty</b>  |   | Name of Employer<br><b>UHART</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Lindower</b>  |   | First<br><b>Martin</b>  |                                    | MI  | Contribution ID #<br><b>1548</b> |
| Residential Street Address<br><b>55 Strickland St .</b>   |   | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>Optometrist</b>  |   | Name of Employer<br><b>TotalVision Eyecare of Glastonbury</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nissankarao</b>   |   | First<br><b>Sridhar</b>   |                                    | MI   | Contribution ID #<br><b>1549</b> |
| Residential Street Address<br><b>15 Freedom Way</b>   |   | City<br><b>Niantic</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06357</b>         |
| Principal Occupation<br><b>Systems Manager</b>  |   | Name of Employer<br><b>Travelers Insurance</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ravuri</b>  |  | First<br><b>Subhashini</b>  |                                    | MI   | Contribution ID #<br><b>1550</b> |
| Residential Street Address<br><b>48 Florence Way</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>senior IT Analyst</b>  |  | Name of Employer<br><b>Voya Financials</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Nissankararao</b>   |  | First<br><b>Renuka</b>  |                                    | MI   | Contribution ID #<br><b>1551</b> |
| Residential Street Address<br><b>15 Freedom Way</b>   |  | City<br><b>Niantic</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06357</b>         |
| Principal Occupation<br><b>IT Analyst</b>   |  | Name of Employer<br><b>Sagarsoft, Inc</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ramnath</b>   |  | First<br><b>Anand</b>   |                                    | MI   | Contribution ID #<br><b>1552</b> |
| Residential Street Address<br><b>271 Kinne Rd</b>   |  | City<br><b>Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06033</b>         |
| Principal Occupation<br><b>IT Consultant</b>  |  | Name of Employer<br><b>Encoire Consulting LLC</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |  |   |                                    |  |                                  |
|---|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rath</b>  |  | First<br><b>Jyoshna</b>   |                                    | MI   | Contribution ID #<br><b>1553</b> |
| Residential Street Address<br><b>13 Burnham Dr</b>  |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Architect</b>  |  | Name of Employer<br><b>Tecton</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Rath</b>   |  | First<br><b>Spandan</b>   |                                    | MI   | Contribution ID #<br><b>1554</b> |
| Residential Street Address<br><b>13 Burnham Dr</b>   |  | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06110</b>         |
| Principal Occupation<br><b>Student</b>   |  | Name of Employer<br><b>Student</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Tanniru</b>  |  | First<br><b>Padmaja</b>   |                                    | MI   | Contribution ID #<br><b>1555</b> |
| Residential Street Address<br><b>33 Florence Way</b>   |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Homemaker</b>   |  | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|  |  |   |                                    |   |                                  |
|--|--|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Rodgers</b>  |  | First<br><b>John</b>  |                                    | MI  | Contribution ID #<br><b>1556</b> |
| Residential Street Address<br><b>16 Mountain Rd</b>  |  | City<br><b>Farmington</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06032</b>         |
| Principal Occupation<br><b>Physician</b>   |  | Name of Employer<br><b>Prime healthcare</b>   |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|  |  |   |                                    |  |                                  |
|--|--|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Abraham</b>  |  | First<br><b>Jay</b>   |                                    | MI   | Contribution ID #<br><b>1557</b> |
| Residential Street Address<br><b>37 Huntingridge Dr</b>  |  | City<br><b>South Glastonbury</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06073</b>         |
| Principal Occupation<br><b>Engineer</b>  |  | Name of Employer<br><b>Pratt and Whitney</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>tadisetty</b>   |   | First<br><b>suresh</b>  |                                    | MI  | Contribution ID #<br><b>1558</b> |
| Residential Street Address<br><b>47 Avonwood Rd Apt 315</b>   |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>IT</b>   |   | Name of Employer<br><b>Tata consultancy services</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>HAN</b>   |   | First<br><b>EUN</b>   |                                    | MI   | Contribution ID #<br><b>1559</b> |
| Residential Street Address<br><b>1525 John St</b>   |   | City<br><b>Fort Lee</b>   |                                    | State<br><b>NJ</b>                         | Zip Code<br><b>07024</b>         |
| Principal Occupation<br><b>Homemaker</b>  |   | Name of Employer<br><b>Homemaker</b>  |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|   |   |   |                                    |   |                                  |
|---|---|---|------------------------------------|---|----------------------------------|
| Last Name<br><b>Ragahvarapu</b>   |   | First<br><b>Silpa</b>   |                                    | MI  | Contribution ID #<br><b>1560</b> |
| Residential Street Address<br><b>47 Avonwood Rd Apt 315</b>   |   | City<br><b>Avon</b>   |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06001</b>         |
| Principal Occupation<br><b>Sales Associate</b>  |   | Name of Employer<br><b>kohls</b>  |                                    |   |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                    |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$25.00</b> | <b>\$25.00</b>                   |

|   |   |   |                                    |  |                                  |
|---|---|---|------------------------------------|--|----------------------------------|
| Last Name<br><b>Ravishanker</b>   |   | First<br><b>Varun</b>   |                                    | MI   | Contribution ID #<br><b>1561</b> |
| Residential Street Address<br><b>378B Park Rd</b>   |   | City<br><b>West Hartford</b>  |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06119</b>         |
| Principal Occupation<br><b>Software Engineer</b>  |   | Name of Employer<br><b>ESPN</b>   |                                    |  |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                     |                                  |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>03/31/2017</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Last Name<br>Nambirajan   | First<br>Srinidhi  | MI  | Contribution ID #<br>1562           |
| Residential Street Address<br>150 E Wynnewood Rd  | City<br>Wynnewood  | State<br>PA   | Zip Code<br>19096                   |
| Principal Occupation<br>Client Relationship Associate   | Name of Employer<br>vanguard   |   |                                     |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received<br>03/31/2017   | Aggregate Contributions<br>\$100.00 |
|   |  |   | Amount of Contribution<br>\$100.00  |

|  |  |                     |
|--|--|---------------------|
| <b>Total of Section B</b>  |  | <b>\$126,000.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page) |  | <b>\$126,000.00</b> |

**I. MONETARY RECEIPTS (Section A-I)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |

**C1. Contributions from Other Committees**

|                   |       |   |               |
|-------------------|-------|---|---------------|
| Name of Committee |       | Name of Treasurer   |               |
| Address           |       | Is this contribution associated with an event reported in Section J1?<br>Yes No<br>If yes, list Event # |               |
| City              | State | Zip Code  | Date Received |
|                   |       | Aggregate Contributions   |               |
|                   |       | Amount of Contribution  |               |

|                            |
|----------------------------|
| <b>Total of Section C1</b> |
|----------------------------|

**I. MONETARY RECEIPTS (Section A-I)**

|  |             |          |   |                            |                   |
|--|-------------|----------|---|----------------------------|-------------------|
| NAME OF COMMITTEE  |             |          |   | TYPE OF REPORT             |                   |
| Srinivasan For Governor  |             |          |   | April 10 Filing - Original |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |   |                            |                   |
| Name of Committee  |             |          | Name of Treasurer   |                            |                   |
| Address  |             |          |   | Date Received              | Amount of Receipt |
| City   | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee |                            |                   |
| Expenditure #  | Description |          |   |                            |                   |
| <b>Total of Section C2</b>   |             |          |   |                            |                   |

**I. MONETARY RECEIPTS (Section A-I)**

|  |      |                 |           |  |                        |
|--|------|-----------------|-----------|--|------------------------|
| NAME OF COMMITTEE                          |      |                 |           | TYPE OF REPORT                                 |                        |
| Srinivasan For Governor                    |      |                 |           | April 10 Filing - Original                     |                        |
| <b>D. Loans Received this Period</b>       |      |                 |           |  |                        |
| Name of Lender                             |      | Source of Loan: |           |  | Date of Receipt        |
|  |      | Bank            | Candidate | Individual                                     | Other                  |
| Street Address                             | City | State           | Zip Code  | Is there a cosigner or Guarantor of this loan? |                        |
|  |      |                 |           |  | Yes      No            |
| Name of Cosigner/Guarantor (if applicable) |      |                 |           |  | <b>Amount Received</b> |
| Street Address                             | City | State           | Zip Code  |  |                        |
| <b>Total of Section D</b>                  |      |                 |           |  |                        |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE       | TYPE OF REPORT             |
|-------------------------|----------------------------|
| Srinivasan For Governor | April 10 Filing - Original |

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

| Date of Receipt           | Method of Payment   | Amount |
|---------------------------|---|--------|
|                           | Cash                      Personal Check                      Credit/Debit Card |        |
| <b>Total of Section E</b> |   |        |

**I. Monetary Receipts (Section A-I)**

| NAME OF COMMITTEE       | TYPE OF REPORT             |
|-------------------------|----------------------------|
| Srinivasan For Governor | April 10 Filing - Original |

**G. Interest from Deposits in Authorized Accounts**

| Name of Institution       | Date Received | Amount   |
|---------------------------|---------------|----------|
| Street Address            | City          | State    |
|                           |               | Zip Code |
| <b>Total of Section G</b> |               |          |

**I. MONETARY RECEIPTS (Section A-I)**

| NAME OF COMMITTEE       | TYPE OF REPORT             |
|-------------------------|----------------------------|
| Srinivasan For Governor | April 10 Filing - Original |

**H. Public Grant Funds Received from the Citizens' Election Fund**

| Purpose of Grant:   | Grant Cycle:  | Date Received | Amount |
|---|---|---------------|--------|
| Initial                      Grant Adjustment<br>Supplemental/Post Election Deficit | Primary                      General Election                      Special Election |               |        |
| <b>Total of Section H</b>   |   |               |        |

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE

Srinivasan For Governor

TYPE OF REPORT

April 10 Filing - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name

Date of Transaction

Amount Received

Street Address

City

State

Zip Code

Description

**Total of Section I**

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |  |  |  | TYPE OF REPORT             |  |
|---|--|--|--|----------------------------|--|
| Srinivasan For Governor   |  |  |  | April 10 Filing - Original |  |

  

| J1. Event Information   |             |  |   |                   |        |
|---|-------------|--|---|-------------------|--------|
| Event #<br>Date of Event<br>01/12/2017  | Letter<br>A | Description<br>Dinner Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>1141 Tolland Tpke -Dharani  |             | City<br>Manchester   | State<br>CT   | Zip Code<br>06040 |        |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

  

|   |             |  |   |                   |        |
|---|-------------|--|---|-------------------|--------|
| Event #<br>Date of Event<br>01/29/2017  | Letter<br>1 | Description<br>Dinner Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>1300 S Main St  |             | City<br>Middletown   | State<br>CT   | Zip Code<br>06457 |        |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

  

|   |             |  |   |                   |        |
|---|-------------|--|---|-------------------|--------|
| Event #<br>Date of Event<br>02/04/2017  | Letter<br>1 | Description<br>Dinner Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>1141 Tolland Tpke   |             | City<br>Manchester   | State<br>CT   | Zip Code<br>06042 |        |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

### J1. Event Information

|  |                    |   |   |
|--|--------------------|---|---|
| <b>Event #</b><br>Date of Event<br>02/18/2017  | <b>Letter</b><br>2 | <b>Description</b><br>Meet and Greet Event                          | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Location: Street Address</b><br>120 W Avon Rd   |                    | <b>City</b><br>Avon   | <b>State</b><br>CT  |
|  |                    | <b>Zip Code</b><br>06001  |   |
| Was this event hosted at a personal residence?   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>   |

|  |                    |   |   |
|--|--------------------|---|---|
| <b>Event #</b><br>Date of Event<br>02/19/2017  | <b>Letter</b><br>1 | <b>Description</b><br>Dinner Event                                  | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Location: Street Address</b><br>301 New Britain Ave   |                    | <b>City</b><br>Unionville   | <b>State</b><br>CT  |
|  |                    | <b>Zip Code</b><br>06085  |   |
| Was this event hosted at a personal residence?   |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>   |

|  |                    |   |   |
|--|--------------------|---|---|
| <b>Event #</b><br>Date of Event<br>02/24/2017  | <b>Letter</b><br>1 | <b>Description</b><br>Meet and Greet Event                          | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Location: Street Address</b><br>233 Bluff Point Rd  |                    | <b>City</b><br>South Glastonbury                                    | <b>State</b><br>CT  |
|  |                    | <b>Zip Code</b><br>06073  |   |
| Was this event hosted at a personal residence?   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; padding: 2px; text-align: right;">\$0.00</div>   |

## II. EVENT ACTIVITY (Sections J1 - J4)

|   |             |   |   |
|---|-------------|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |             | TYPE OF REPORT  |   |
| Srinivasan For Governor   |             | April 10 Filing - Original  |   |
| <b>J1. Event Information</b>  |             |   |   |
| Event #<br>Date of Event<br>02/25/2017  | Letter<br>3 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Location: Street Address<br>220 Kinne Rd  |             | City<br>Glastonbury   | State<br>CT Zip Code<br>06033   |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |
| Event #<br>Date of Event<br>02/25/2017  | Letter<br>2 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Location: Street Address<br>54 Carnoustie Cir   |             | City<br>Bloomfield  | State<br>CT Zip Code<br>06002   |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |
| Event #<br>Date of Event<br>02/26/2017  | Letter<br>1 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Location: Street Address<br>393 Derby Ave   |             | City<br>Orange  | State<br>CT Zip Code<br>06477   |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |

## II. EVENT ACTIVITY (Sections J1 - J4)

|   |             |   |   |
|---|-------------|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |             | TYPE OF REPORT  |   |
| Srinivasan For Governor   |             | April 10 Filing - Original  |   |
| <b>J1. Event Information</b>  |             |   |   |
| Event #<br>Date of Event<br>02/26/2017  | Letter<br>2 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Location: Street Address<br>148 Bell St   |             | City<br>Glastonbury   | State<br>CT Zip Code<br>06033   |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |
| Event #<br>Date of Event<br>03/03/2017  | Letter<br>1 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Location: Street Address<br>290 Founders Rd   |             | City<br>Glastonbury   | State<br>CT Zip Code<br>06033   |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |
| Event #<br>Date of Event<br>03/04/2017  | Letter<br>1 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Location: Street Address<br>11 Training Hill Rd   |             | City<br>Middletown  | State<br>CT Zip Code<br>06457   |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |  |  |  | TYPE OF REPORT             |  |
|---|--|--|--|----------------------------|--|
| Srinivasan For Governor   |  |  |  | April 10 Filing - Original |  |

  

| J1. Event Information   |             |   |   |                   |        |
|---|-------------|---|---|-------------------|--------|
| Event #<br>Date of Event<br>03/04/2017  | Letter<br>2 | Description<br>Home Fundraiser                                      | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>64 Copperkettle Rd  |             | City<br>Trumbull  | State<br>CT   | Zip Code<br>06611 |        |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

  

|   |             |   |   |                   |        |
|---|-------------|---|---|-------------------|--------|
| Event #<br>Date of Event<br>03/05/2017  | Letter<br>1 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>15 Miller Ln  |             | City<br>Ellington   | State<br>CT   | Zip Code<br>06029 |        |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

  

|   |             |   |   |                   |        |
|---|-------------|---|---|-------------------|--------|
| Event #<br>Date of Event<br>03/05/2017  | Letter<br>2 | Description<br>Home Fundraiser                                      | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>67 Hanover Fields Rd  |             | City<br>Glastonbury   | State<br>CT   | Zip Code<br>06033 |        |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |  |  |  | TYPE OF REPORT             |  |
|---|--|--|--|----------------------------|--|
| Srinivasan For Governor   |  |  |  | April 10 Filing - Original |  |

  

### J1. Event Information

|  |                    |   |   |                          |
|--|--------------------|---|---|--------------------------|
| <b>Event #</b><br>Date of Event<br>03/06/2017  | <b>Letter</b><br>1 | <b>Description</b><br>Home Fundraiser                               | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                          |
| <b>Location: Street Address</b><br>10 Northrop Rd  |                    | <b>City</b><br>Bethany  | <b>State</b><br>CT  | <b>Zip Code</b><br>06524 |
| Was this event hosted at a personal residence?   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                          |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                          |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>   |                          |

  

|  |                    |   |   |                          |
|--|--------------------|---|---|--------------------------|
| <b>Event #</b><br>Date of Event<br>03/10/2017  | <b>Letter</b><br>1 | <b>Description</b><br>Home Fundraiser                               | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                          |
| <b>Location: Street Address</b><br>129 Lavender Ln   |                    | <b>City</b><br>Rocky Hill   | <b>State</b><br>CT  | <b>Zip Code</b><br>06067 |
| Was this event hosted at a personal residence?   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                          |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                          |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>   |                          |

  

|  |                    |   |   |                          |
|--|--------------------|---|---|--------------------------|
| <b>Event #</b><br>Date of Event<br>03/11/2017  | <b>Letter</b><br>1 | <b>Description</b><br>Home Fundraiser                               | <b>Was this a fundraising event?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                          |
| <b>Location: Street Address</b><br>325 Paxton Way  |                    | <b>City</b><br>Glastonbury  | <b>State</b><br>CT  | <b>Zip Code</b><br>06033 |
| Was this event hosted at a personal residence?   |                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                          |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                          |
| <b>Subpart 1:</b><br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>   |                          |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |  |  |  | TYPE OF REPORT             |  |
|---|--|--|--|----------------------------|--|
| Srinivasan For Governor   |  |  |  | April 10 Filing - Original |  |

  

| J1. Event Information   |             |   |   |                   |        |
|---|-------------|---|---|-------------------|--------|
| Event #<br>Date of Event<br>03/12/2017  | Letter<br>1 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>1130 Riverdale St   |             | City<br>West Springfield  | State<br>MA   | Zip Code<br>01089 |        |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

  

|   |             |   |   |                   |        |
|---|-------------|---|---|-------------------|--------|
| Event #<br>Date of Event<br>03/17/2017  | Letter<br>A | Description<br>Dinner Event   | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>2333 Main St  |             | City<br>Glastonbury   | State<br>CT   | Zip Code<br>06033 |        |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

  

|   |             |   |   |                   |        |
|---|-------------|---|---|-------------------|--------|
| Event #<br>Date of Event<br>03/18/2017  | Letter<br>1 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |        |
| Location: Street Address<br>8 Robin Rd  |             | City<br>Farmington  | State<br>CT   | Zip Code<br>06032 |        |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |        |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |        |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  |                   | \$0.00 |

## II. EVENT ACTIVITY (Sections J1 - J4)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |             | TYPE OF REPORT   |  |
|---|-------------|--|--|
| Srinivasan For Governor   |             | April 10 Filing - Original   |  |
| <b>J1. Event Information</b>  |             |  |  |
| Event #<br>Date of Event<br>03/19/2017  | Letter<br>1 | Description<br>Meet and Greet Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>68 Westport Rd  |             | City<br>Wilton   | State<br>CT Zip Code<br>06897  |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.<br><input checked="" type="checkbox"/> No |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.<br><input checked="" type="checkbox"/> No  |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>   |  |
| Event #<br>Date of Event<br>03/19/2017  | Letter<br>2 | Description<br>Home Fundraiser   | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>5 Hunting Ln  |             | City<br>North Haven  | State<br>CT Zip Code<br>06473  |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.<br><input type="checkbox"/> No |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.<br><input checked="" type="checkbox"/> No  |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>   |  |
| Event #<br>Date of Event<br>03/23/2017  | Letter<br>1 | Description<br>Home Fundraiser   | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>8 Aspen Dr  |             | City<br>South Glastonbury  | State<br>CT Zip Code<br>06073  |
| Was this event hosted at a personal residence?  |             | <input checked="" type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.<br><input type="checkbox"/> No |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.<br><input checked="" type="checkbox"/> No  |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>   |  |

## II. EVENT ACTIVITY (Sections J1 - J4)

|   |             |  |  |
|---|-------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |             | TYPE OF REPORT   |  |
| Srinivasan For Governor   |             | April 10 Filing - Original   |  |
| <b>J1. Event Information</b>  |             |  |  |
| Event #<br>Date of Event<br>03/24/2017  | Letter<br>1 | Description<br>Meet and Greet Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>26 Mill River St  |             | City<br>Stamford   | State<br>CT Zip Code<br>06092  |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.<br><input checked="" type="checkbox"/> No |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.<br><input checked="" type="checkbox"/> No  |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>   |  |
| Event #<br>Date of Event<br>03/25/2017  | Letter<br>1 | Description<br>Meet and Greet Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>1115 Silas Deane Hwy  |             | City<br>Wethersfield   | State<br>CT Zip Code<br>06109  |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.<br><input checked="" type="checkbox"/> No |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.<br><input checked="" type="checkbox"/> No  |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>   |  |
| Event #<br>Date of Event<br>03/26/2017  | Letter<br>1 | Description<br>Meet and Greet Event  | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address<br>Gus's Pizza   |             | City<br>Groton   | State<br>CT Zip Code<br>06340  |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.<br><input checked="" type="checkbox"/> No |  |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.<br><input checked="" type="checkbox"/> No  |  |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>   |  |

**II. EVENT ACTIVITY (Sections J1 - J4)**

|   |             |   |   |                   |
|---|-------------|---|---|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |             |   | TYPE OF REPORT  |                   |
| Srinivasan For Governor   |             |   | April 10 Filing - Original  |                   |
| <b>J1. Event Information</b>  |             |   |   |                   |
| Event #<br>Date of Event<br>03/26/2017  | Letter<br>2 | Description<br>Meet and Greet Event                                 | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |
| Location: Street Address<br>5 Padanaram Rd  |             | City<br>Danbury   | State<br>CT   | Zip Code<br>06811 |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                   |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)<br><div style="border: 1px solid black; width: 100px; text-align: right;">\$0.00</div>   |                   |
| <b>Total of Section J1</b>  |             |   | <b>\$0.00</b>   |                   |

**II. EVENT ACTIVITY (Sections J1 - J4)**

|   |                         |         |                                |                               |
|---|-------------------------|---------|--------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |                         |         | TYPE OF REPORT                 |                               |
| Srinivasan For Governor   |                         |         | April 10 Filing - Original     |                               |
| <b>J3. In-Kind Donations Not Considered Contributions</b>               |                         |         |                                |                               |
| Name of the Donor   |                         |         |                                |                               |
| Street Address  |                         | City    |                                | State<br>Zip Code             |
| Donation Given by:  | Description of Donation |         |                                | Fair Market Value of Donation |
| Individual  |                         |         |                                |                               |
| Business Entity   | Date Received           | Event # | Aggregate value for this event |                               |
| Sole Proprietorship   |                         |         |                                |                               |
| <b>Total of Section J3</b>  |                         |         |                                |                               |

**II.EVENT ACTIVITY (Sections J1 - J4)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

|   |   |  |   |
|---|---|--|---|
| Name of Host<br>Margaret Wilcox               |   | Is this event supporting more than one candidate?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum J4 |   |
| Street Address<br>8 Aspen Dr                  |   | City<br>Glastonbury  | State<br>CT Zip Code<br>06033                 |
| Description of Donation<br>Food and Beverages |   |  | Fair Market Value of Donation<br><br>\$250.00 |
| Event #<br>032320171                          | Aggregate value of this Event - all hosts<br>\$250.00 | Aggregate value of all Events - this host/candidate<br>\$250.00  |   |

|  |  |  |  |
|--|--|--|--|
| Name of Host<br>Timothy Chartier             |  | Is this event supporting more than one candidate?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum J4 |  |
| Street Address<br>54 Carnoustie Cir          |  | City<br>Bloomfield   | State<br>CT Zip Code<br>06002                |
| Description of Donation<br>Snacks and Coffee |  |  | Fair Market Value of Donation<br><br>\$75.00 |
| Event #<br>022520173                         | Aggregate value of this Event - all hosts<br>\$75.00 | Aggregate value of all Events - this host/candidate<br>\$75.00   |  |

|                                   |   |  |   |
|-----------------------------------|---|--|---|
| Name of Host<br>Pamela Crouch     |   | Is this event supporting more than one candidate?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum J4 |   |
| Street Address<br>290 Founders Rd |   | City<br>Glastonbury  | State<br>CT Zip Code<br>06033                 |
| Description of Donation<br>Snacks |   |  | Fair Market Value of Donation<br><br>\$100.00 |
| Event #<br>030320171              | Aggregate value of this Event - all hosts<br>\$100.00 | Aggregate value of all Events - this host/candidate<br>\$100.00  |   |

**Total of Section J4****\$425.00**

**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Srinivasan For Governor

April 10 Filing - Original

**K. In-Kind Contributions**

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

If yes, indicate which branch or branches of government the contract is with:

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

**Total of Section K****III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Srinivasan For Governor

April 10 Filing - Original

**L. Refundable Deposit to Telephone Company**

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of Deposit

Name of Telephone company

Street Address

City

State

Zip Code

**Total of Section L**

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|   |                                  |                                  |  |                          |
|---|----------------------------------|----------------------------------|--|--------------------------|
| Name of Payee<br>Dharani  |                                  | Date of Payment<br>01/12/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>101</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>141 Tolland Tpke  |                                  | City<br>Manchester               | State<br>CT  | Zip Code<br>06040        |
| Purpose of Expend<br>FOOD   | Description<br>Fundraising Event |                                  |  | Amount<br><br>\$1,200.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                  | Expenditure #<br>(if applicable) | Event #<br>01122017A   |                          |

|  |                                   |                                  |  |                        |
|--|-----------------------------------|----------------------------------|--|------------------------|
| Name of Payee<br>Thirteenth Floor Graphics Printing  |                                   | Date of Payment<br>01/18/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>102</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>375 Lake Ave   |                                   | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010      |
| Purpose of Expend<br>PRNT  | Description<br>Fundraising Mailer |                                  |  | Amount<br><br>\$268.48 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                   | Expenditure #<br>(if applicable) | Event #  |                        |

|  |   |                                  |  |                        |
|--|---|----------------------------------|--|------------------------|
| Name of Payee<br>Thirteenth Floor Graphics Printing  |   | Date of Payment<br>01/18/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>103</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>375 Lake Ave   |   | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010      |
| Purpose of Expend<br>POST  | Description<br>Fundraising Mailer Postage |                                  |  | Amount<br><br>\$189.97 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #  |                        |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                               |                                  |  |                   |
|--|-------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>PBM Printers  |                               | Date of Payment<br>01/18/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>104</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>632 Cromwell Ave   |                               | City<br>Rocky Hill               | State<br>CT  | Zip Code<br>06067 |
| Purpose of Expend<br>PRNT  | Description<br>Printing Cards |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                               | Expenditure #<br>(if applicable) | Event #  | \$872.07          |

|  |                                  |                                  |  |                   |
|--|----------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Haveli  |                                  | Date of Payment<br>01/18/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>105</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>1300 S Main St   |                                  | City<br>Middletown               | State<br>CT  | Zip Code<br>06457 |
| Purpose of Expend<br>FOOD  | Description<br>Fundraising Event |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                  | Expenditure #<br>(if applicable) | Event #<br>012920171   | \$638.71          |

|  |   |                                  |  |                   |
|--|---|----------------------------------|--|-------------------|
| Name of Payee<br>E.J. Parron Davis   |   | Date of Payment<br>01/19/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>106</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>300 Hebron Ave   |   | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>RMB   | Description<br>Stamps for mailing - Reimbursement |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #  | \$188.00          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                                 |                                  |  |                       |
|--|---------------------------------|----------------------------------|--|-----------------------|
| Name of Payee<br>Madhu Reddy   |                                 | Date of Payment<br>01/26/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>107</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>10-3 Arthur Dr   |                                 | City<br>South Windsor            | State<br>CT  | Zip Code<br>06074     |
| Purpose of Expend<br>RMB   | Description<br>Binders, Folders |                                  |  | Amount<br><br>\$62.24 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                 | Expenditure #<br>(if applicable) | Event #  |                       |

|  |             |                                  |   |                       |
|--|-------------|----------------------------------|---|-----------------------|
| Name of Payee<br>TD Bank   |             | Date of Payment<br>01/31/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>2461 Main St   |             | City<br>Glastonbury              | State<br>CT   | Zip Code<br>06033     |
| Purpose of Expend<br>BNK   | Description |                                  |   | Amount<br><br>\$19.75 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #   |                       |

|  |                         |                                  |  |                          |
|--|-------------------------|----------------------------------|--|--------------------------|
| Name of Payee<br>Thirteenth Floor Graphics Printing  |                         | Date of Payment<br>02/07/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>108</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>375 Lake Ave   |                         | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010        |
| Purpose of Expend<br>PRNT  | Description<br>Printing |                                  |  | Amount<br><br>\$1,043.11 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                         | Expenditure #<br>(if applicable) | Event #  |                          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |  |                                  |  |                   |
|--|--|----------------------------------|--|-------------------|
| Name of Payee<br>Thirteenth Floor Graphics Printing  |  | Date of Payment<br>02/07/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>109</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>375 Lake Ave   |  | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010 |
| Purpose of Expend<br>PRNT  | Description<br>Fundraising Mailer printing |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |  | Expenditure #<br>(if applicable) | Event #  | \$748.22          |

|  |                        |                                  |  |                   |
|--|------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Thirteenth Floor Graphics Printing  |                        | Date of Payment<br>02/07/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>110</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>375 Lake Ave   |                        | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010 |
| Purpose of Expend<br>POST  | Description<br>Postage |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                        | Expenditure #<br>(if applicable) | Event #  | \$185.41          |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Thirteenth Floor Graphics Printing  |             | Date of Payment<br>02/07/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>111</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>375 Lake Ave   |             | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010 |
| Purpose of Expend<br>PRNT  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #  | \$293.34          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Jack Caruso   |             | Date of Payment<br>02/14/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>112</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>268 Grandview Dr   |             | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>WAGE  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #  | \$359.48          |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Ticket Software   |             | Date of Payment<br>02/14/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>113</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>75 Gerber Rd E   |             | City<br>South Windsor            | State<br>CT  | Zip Code<br>06074 |
| Purpose of Expend<br>FNDR *  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #<br>021820172   | \$178.50          |

|  |                                 |                                  |  |                   |
|--|---------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Suzanne Smiley  |                                 | Date of Payment<br>02/17/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>114</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>53 Overshot Dr   |                                 | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>Misc *  | Description<br>Graphic Designer |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                 | Expenditure #<br>(if applicable) | Event #  | \$250.00          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |  |                                  |  |                   |
|--|--|----------------------------------|--|-------------------|
| Name of Payee<br>Naatya Restaurant   |  | Date of Payment<br>02/22/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>115</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>8 Mountain View Dr   |  | City<br>Bloomfield               | State<br>CT  | Zip Code<br>06002 |
| Purpose of Expend<br>FNDR *  | Description<br>Dinner Event in Farmington- |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |  | Expenditure #<br>(if applicable) | Event #<br>021920171   | \$800.00          |

|  |             |                                  |   |                   |
|--|-------------|----------------------------------|---|-------------------|
| Name of Payee<br>TD Bank   |             | Date of Payment<br>02/28/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>2461 Main St   |             | City<br>Glastonbury              | State<br>CT   | Zip Code<br>06033 |
| Purpose of Expend<br>BNK   | Description |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #   | \$8.00            |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Rajya Lakshmi Pamidi  |             | Date of Payment<br>03/01/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>116</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>80 Grandview Dr  |             | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>FOOD  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #  | \$155.00          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                           |                                  |  |                   |
|--|---------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Kaushik Makati  |                           | Date of Payment<br>03/07/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>117</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>205 Lakewood Rd  |                           | City<br>South Glastonbury        | State<br>CT  | Zip Code<br>06073 |
| Purpose of Expend<br>RMB   | Description<br>Mondo Code |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                           | Expenditure #<br>(if applicable) | Event #  | \$142.39          |

|  |                                    |                                  |  |                   |
|--|------------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Kaushik Makati  |                                    | Date of Payment<br>03/07/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>118</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>205 Lakewood Rd  |                                    | City<br>South Glastonbury        | State<br>CT  | Zip Code<br>06073 |
| Purpose of Expend<br>A-OTH   | Description<br>Pens- Reimbursement |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                    | Expenditure #<br>(if applicable) | Event #  | \$1,266.08        |

|  |             |                                  |   |                   |
|--|-------------|----------------------------------|---|-------------------|
| Name of Payee<br>TD Bnak   |             | Date of Payment<br>03/13/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>2461 Main St   |             | City<br>Glastonbury              | State<br>CT   | Zip Code<br>06033 |
| Purpose of Expend<br>BNK   | Description |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #   | \$20.00           |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                                   |                                  |  |                   |
|--|-----------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Thirteenth Floor Printing Graphics  |                                   | Date of Payment<br>03/15/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>119</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>375 Lake Ave   |                                   | City<br>Bristol                  | State<br>CT  | Zip Code<br>06010 |
| Purpose of Expend<br>PRNT  | Description<br>Marketing MAterial |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                   | Expenditure #<br>(if applicable) | Event #  | \$650.22          |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Priya Indian Cuisine  |             | Date of Payment<br>03/15/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>120</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>460 Memorial Dr  |             | City<br>Chicopee                 | State<br>MA  | Zip Code<br>01020 |
| Purpose of Expend<br>FNDR *  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #<br>030420172   | \$675.00          |

|  |                                  |                                  |  |                   |
|--|----------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Priya Restaurant  |                                  | Date of Payment<br>03/15/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>121</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>1860 Silas Dean Hwy  |                                  | City<br>Rocky Hill               | State<br>CT  | Zip Code<br>06067 |
| Purpose of Expend<br>FNDR *  | Description<br>Fundraising Event |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                  | Expenditure #<br>(if applicable) | Event #  | \$500.00          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |   |                                  |   |                          |
|--|---|----------------------------------|---|--------------------------|
| Name of Payee<br>ANEDOT  |   | Date of Payment<br>03/15/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>PO Box 84314   |   | City<br>Baton Rouge              | State<br>LA   | Zip Code<br>70884        |
| Purpose of Expend<br>BNK   | Description<br>Anedot Fees from 1/1/17 to 3/31/17 |                                  |   | Amount<br><br>\$1,180.71 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #   |                          |

|  |                      |                                  |  |                       |
|--|----------------------|----------------------------------|--|-----------------------|
| Name of Payee<br>Daniel Mosor  |                      | Date of Payment<br>03/17/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>122</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                       |
| Street Address<br>49 Putnam Blvd   |                      | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033     |
| Purpose of Expend<br>OFFICE  | Description<br>Paper |                                  |  | Amount<br><br>\$50.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                      | Expenditure #<br>(if applicable) | Event #  |                       |

|  |                       |                                  |  |                        |
|--|-----------------------|----------------------------------|--|------------------------|
| Name of Payee<br>EJ Paron-Davis  |                       | Date of Payment<br>03/17/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>124</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>300 Hebron Ave   |                       | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033      |
| Purpose of Expend<br>RMB   | Description<br>Stamps |                                  |  | Amount<br><br>\$147.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                       | Expenditure #<br>(if applicable) | Event #  |                        |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                                |                                  |  |                   |
|--|--------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Paul Rodriguez  |                                | Date of Payment<br>03/17/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>123</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>438 Thompson St  |                                | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>RMB   | Description<br>Office Supplies |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                | Expenditure #<br>(if applicable) | Event #  | \$340.16          |

|  |  |                                  |  |                   |
|--|--|----------------------------------|--|-------------------|
| Name of Payee<br>Paul Rodriguez  |  | Date of Payment<br>03/17/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>123</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>438 Thompson St  |  | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>RMB   | Description<br>Data Purchase from FIVERR website |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |  | Expenditure #<br>(if applicable) | Event #  | \$1,056.00        |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Bollywood Grill   |             | Date of Payment<br>03/17/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>125</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>2333 Main St   |             | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>FNDR *  | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #<br>03172017A   | \$450.00          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                        |                                  |  |                   |
|--|------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Instant Imprints  |                        | Date of Payment<br>03/20/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>127</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>477 S Broad St Ste 19  |                        | City<br>Meriden                  | State<br>CT  | Zip Code<br>06450 |
| Purpose of Expend<br>PRNT  | Description<br>Banners |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                        | Expenditure #<br>(if applicable) | Event #  | \$140.00          |

|  |                                       |                                  |  |                   |
|--|---------------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Staples   |                                       | Date of Payment<br>03/20/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>126</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>49 Putnam Blvd   |                                       | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033 |
| Purpose of Expend<br>OFFICE  | Description<br>Printer Cartridges (4) |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                       | Expenditure #<br>(if applicable) | Event #  | \$313.69          |

|  |             |                                  |  |                   |
|--|-------------|----------------------------------|--|-------------------|
| Name of Payee<br>Infowave System Inc   |             | Date of Payment<br>03/22/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>128</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>10 Waterchase Dr , III fl  |             | City<br>Rocky Hill               | State<br>CT  | Zip Code<br>06067 |
| Purpose of Expend<br>WEB   | Description |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #  | \$2,347.69        |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                               |                                  |  |                   |
|--|-------------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Hampton Inn   |                               | Date of Payment<br>03/24/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>129</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>26 Mill River St   |                               | City<br>Stamford                 | State<br>CT  | Zip Code<br>06902 |
| Purpose of Expend<br>FNDR *  | Description<br>Meet and Greet |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                               | Expenditure #<br>(if applicable) | Event #  | \$100.00          |

|  |                             |                                  |  |                   |
|--|-----------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Utsav   |                             | Date of Payment<br>03/25/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>130</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>1115 Silas Dean Hwy  |                             | City<br>Rocky Hill               | State<br>CT  | Zip Code<br>06067 |
| Purpose of Expend<br>FNDR *  | Description<br>Meet & Greet |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                             | Expenditure #<br>(if applicable) | Event #<br>032520171   | \$223.34          |

|  |                            |                                  |  |                   |
|--|----------------------------|----------------------------------|--|-------------------|
| Name of Payee<br>Kiran Pyneni  |                            | Date of Payment<br>03/25/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>133</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>64 Florence Way  |                            | City<br>Farmington               | State<br>CT  | Zip Code<br>06032 |
| Purpose of Expend<br>RMB   | Description<br>Hall Rental |                                  |  | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                            | Expenditure #<br>(if applicable) | Event #<br>021920171   | \$300.00          |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                             |                                  |  |                        |
|--|-----------------------------|----------------------------------|--|------------------------|
| Name of Payee<br>Guss Pizza  |                             | Date of Payment<br>03/26/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>131</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>1283 Gold Star Hwy   |                             | City<br>Groton                   | State<br>CT  | Zip Code<br>06340      |
| Purpose of Expend<br>FNDR *  | Description<br>Meet & Greet |                                  |  | Amount<br><br>\$100.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                             | Expenditure #<br>(if applicable) | Event #<br>032620172   |                        |

|  |                             |                                  |  |                        |
|--|-----------------------------|----------------------------------|--|------------------------|
| Name of Payee<br>Bombay Express  |                             | Date of Payment<br>03/26/2017    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>132</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>5 Padanaram Rd   |                             | City<br>Danbury                  | State<br>CT  | Zip Code<br>06811      |
| Purpose of Expend<br>FNDR *  | Description<br>Meet & Greet |                                  |  | Amount<br><br>\$100.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                             | Expenditure #<br>(if applicable) | Event #<br>032620172   |                        |

|  |                          |                                  |   |                      |
|--|--------------------------|----------------------------------|---|----------------------|
| Name of Payee<br>TD Bank   |                          | Date of Payment<br>03/31/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>2461 Main St   |                          | City<br>Glastonbury              | State<br>CT   | Zip Code<br>06033    |
| Purpose of Expend<br>BNK   | Description<br>Maint Fee |                                  |   | Amount<br><br>\$8.00 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                          | Expenditure #<br>(if applicable) | Event #   |                      |

**IV. EXPENDITURES (Sections N - S)**

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Srinivasan For Governor   | April 10 Filing - Original |
| <b>N. Expenses Paid By Committee</b>                                    |                            |

|  |                                   |                                  |   |                      |
|--|-----------------------------------|----------------------------------|---|----------------------|
| Name of Payee<br>TD Bank   |                                   | Date of Payment<br>03/31/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                      |
| Street Address<br>2461 Main St   |                                   | City<br>Glastonbury              | State<br>CT   | Zip Code<br>06033    |
| Purpose of Expend<br>BNK   | Description<br>Cash Deposited Fee |                                  |   | Amount<br><br>\$9.60 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                                   | Expenditure #<br>(if applicable) | Event #   |                      |

|  |                              |                                  |   |                        |
|--|------------------------------|----------------------------------|---|------------------------|
| Name of Payee<br>TD Bank   |                              | Date of Payment<br>03/31/2017    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>2461 Main St   |                              | City<br>Glastonbury              | State<br>CT   | Zip Code<br>06033      |
| Purpose of Expend<br>BNK   | Description<br>DR/CR CHARGES |                                  |   | Amount<br><br>\$221.25 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |                              | Expenditure #<br>(if applicable) | Event #   |                        |

**Total of Section N****\$17,801.41**

**IV. EXPENDITURES (Sections N - S)**

|   |             |      |  |                 |                            |  |
|---|-------------|------|--|-----------------|----------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |             |      |  |                 | TYPE OF REPORT             |  |
|   |             |      |  |                 | April 10 Filing - Original |  |
| <b>O. Expenses Paid By Candidate</b>                                    |             |      |  |                 |                            |  |
| Name of Payee (Name of vendor who candidate paid directly)              |             |      |  | Date of Payment |                            | Is Reimbursement Claimed?<br>Yes                      No |
| Street Address  |             | City |  | State           | Zip Code                   | Amount   |
| Purpose of Expenditure<br>(by code)                                     | Description |      |  | Event #         |                            |  |
|   |             |      |  |                 |                            |  |
| <b>Total of Section O</b>   |             |      |  |                 |                            |  |

**IV. EXPENDITURES (Sections N - S)**

|   |             |           |                                  |   |                            |          |
|---|-------------|-----------|----------------------------------|---|----------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |             |           |                                  |   | TYPE OF REPORT             |          |
| Srinivasan For Governor   |             |           |                                  |   | April 10 Filing - Original |          |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                      |             |           |                                  |   |                            |          |
| Name of Issuing Institution   |             |           |                                  | Type of Credit Card:<br><div> <input type="checkbox"/> Visa                      <input type="checkbox"/> Master Card                      <input type="checkbox"/> Discover                      <input type="checkbox"/> American Express </div> <input type="checkbox"/> Other |                            |          |
| Name of Vendor  |             |           |                                  |   | Date of Transaction        |          |
| Street Address  |             |           | City                             |   | State                      | Zip Code |
| Purpose of Expenditure<br>(by code)   | Description |           |                                  |   | Amount                     |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Yes<br>No | Expenditure #<br>(if applicable) | Event #   |                            |          |
| If yes, assign an Expenditure # and complete Itemization in Addendum                      |             |           |                                  |   |                            |          |
| <b>Total of Section P</b>   |             |           |                                  |   |                            |          |

**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**Q. Expenses Incurred By Committee but Not Paid During this Period**

|   |             |                                  |   |
|---|-------------|----------------------------------|---|
| Name of Creditor  |             | Date Incurred                    |   |
| Street Address  |             | City                             | State      Zip Code                     |
| Purpose of Expenditure<br>(bv code)   | Description |                                  | Amount Incurred<br>(Estimate or Actual) |
| <div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div>Yes</div> <div>No</div> </div> <div>If yes, assign an Expenditure # and completes Itemization in Addendum Q</div> |             | Expenditure #<br>(if applicable) |   |

**Total of Section Q**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Srinivasan For Governor

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

|   |                       |                               |   |  |
|---|-----------------------|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Davis   | First<br><br>E.J.     | MI<br><br>Parron              | Date of Payment to Vendor<br><br>01/19/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 106<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>US Post Master  |                       |                               |   |  |
| Street Address of Vendor<br>145 New London Tpke   |                       | City<br>Glastonbury           | State<br>CT                                 | Zip Code<br>06033  |
| Purpose of Expenditure (by code)<br>POST  | Description<br>Stamps |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$188.00   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                       |                               |   |  |

|   |  |                               |   |  |
|---|--|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Reddy   | First<br><br>Madhu                         | MI<br><br>A                   | Date of Payment to Vendor<br><br>01/26/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 107<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Staples   |  |                               |   |  |
| Street Address of Vendor<br>49 Putnam Blvd  |  | City<br>Glastonbury           | State<br>CT                                 | Zip Code<br>06033  |
| Purpose of Expenditure (by code)<br>OFFICE  | Description<br>Binders And office supplies |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$62.24  |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |  |                               |   |  |

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Srinivasan For Governor

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

|   |                    |                               |   |  |
|---|--------------------|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Reddy   | First<br><br>Madhu | MI                            | Date of Payment to Vendor<br><br>01/26/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 107<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Staples   |                    |                               |   |  |
| Street Address of Vendor<br>49 Putnam Blvd  |                    | City<br>Glastonbury           |   | State<br>CT  |
| Zip Code<br>06033   |                    |                               |   |  |
| Purpose of Expenditure (by code)<br>OFFICE  | Description        |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$62.24  |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                    |                               |   |  |

|   |                      |                               |   |  |
|---|----------------------|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Makati  | First<br><br>Kaushik | MI                            | Date of Payment to Vendor<br><br>03/07/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 117<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Mondo Code LLC  |                      |                               |   |  |
| Street Address of Vendor<br>PO Box 1288   |                      | City<br>Boulder               |   | State<br>CO  |
| Zip Code<br>80306   |                      |                               |   |  |
| Purpose of Expenditure (by code)<br>A-OTH   | Description          |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                      | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$142.39   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                      |                               |   |  |

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Srinivasan For Governor

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

|   |                      |                               |   |  |
|---|----------------------|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Makati  | First<br><br>Kaushik | MI                            | Date of Payment to Vendor<br><br>03/07/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 118<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>4Imprint  |                      |                               |   |  |
| Street Address of Vendor<br>PO Box 320  |                      | City<br>Oshkosh               | State<br>WI                                 | Zip Code<br>54901  |
| Purpose of Expenditure (by code)<br>A-OTH   | Description<br>Pens  |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                      | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$1,266.08   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                      |                               |   |  |

|   |                       |                               |   |  |
|---|-----------------------|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Davis   | First<br><br>EJ       | MI<br><br>Paron               | Date of Payment to Vendor<br><br>03/17/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 124<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>US Post Master  |                       |                               |   |  |
| Street Address of Vendor<br>145 New London Tpke   |                       | City<br>Glastonbury           | State<br>CT                                 | Zip Code<br>06033  |
| Purpose of Expenditure (by code)<br>POST  | Description<br>Stamps |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$147.00   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                       |                               |   |  |

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Srinivasan For Governor

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

|   |  |                               |   |  |
|---|--|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Rodriguez   | First<br><br>Paul                      | MI<br><br>A                   | Date of Payment to Vendor<br><br>03/17/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 123<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Staples   |  |                               |   |  |
| Street Address of Vendor<br>49 Putnam Blvd  |  | City<br>Glastonbury           | State<br>CT                                 | Zip Code<br>06033  |
| Purpose of Expenditure (by code)<br>OFFICE  | Description<br>Labels, Folders, papers |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$340.16   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |  |                               |   |  |

|   |  |                               |   |  |
|---|--|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Rodriguez   | First<br><br>Paul                                | MI                            | Date of Payment to Vendor<br><br>03/17/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 123<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Fiverr  |  |                               |   |  |
| Street Address of Vendor<br>12 Haomanim St  |  | City<br>Tel Aviv              | State<br>TN                                 | Zip Code<br>67897  |
| Purpose of Expenditure (by code)<br>Misc *  | Description<br>Data Purchase from FIVERR website |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Expenditure # (if applicable) | Event #                                     | Amount<br><br>\$1,056.00   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |  |                               |   |  |

**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**R. Itemization of Reimbursements and Secondary Payees**

|   |                             |                               |   |  |
|---|-----------------------------|-------------------------------|---|--|
| Last Name of Worker/Consultant<br><br>Pyneni  | First<br><br>Kiran          | MI                            | Date of Payment to Vendor<br><br>03/25/2017 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br><input checked="" type="checkbox"/> Check # 133<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Knights of Columbus   |                             |                               |   |  |
| Street Address of Vendor<br>301 New Briyain Ave   |                             | City<br>Unionville            | State<br>CT                                 | Zip Code<br>06085  |
| Purpose of Expenditure (by code)<br>FNDR *  | Description<br>Dinner Event |                               |   |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                             | Expenditure # (if applicable) | Event #<br><br>021920171                    | Amount<br><br>\$300.00   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R   |                             |                               |   |  |
| Total of Section R  |                             |                               |   | <b>\$3,564.11</b>  |

**IV. EXPENDITURES (Sectuibs N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|---|----------------------------|
| Srinivasan For Governor   | April 10 Filing - Original |

**S. Surplus Distribution of Equipment and Furniture**

|                     |      |       |          |                                  |
|---------------------|------|-------|----------|----------------------------------|
| Name of Recipient   |      |       |          |                                  |
| Street Address      | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item |      |       |          |                                  |
| Total of Section S  |      |       |          |                                  |

### Section J4. ADDENDUM

| NAME OF COMMITTEE       | TYPE OF REPORT             |
|-------------------------|----------------------------|
| Srinivasan For Governor | April 10 Filing - Original |

#### J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

|                   |                                |
|-------------------|--------------------------------|
| <b>Event #</b>    | <b>032320171</b>               |
| Name of Candidate | Prasad Srinivasan for Governor |

|                   |                   |
|-------------------|-------------------|
| <b>Event #</b>    | <b>022520173</b>  |
| Name of Candidate | Prasad Srinivasan |

|                   |                   |
|-------------------|-------------------|
| <b>Event #</b>    | <b>030320171</b>  |
| Name of Candidate | Prasad Srinivasan |

### Section N. ADDENDUM

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
|                   |                |

#### N. Expenses Paid By Committee - Addendum

| Expenditure #     | Amount of Expenditure |
|-------------------|-----------------------|
| Name of Candidate | Office Sought         |

| Section P. ADDENDUM                                      |                       |
|--|-----------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT        |
|  |                       |
| P. Expenses Incurred on Committee Credit Card - Addendum |                       |
| Expenditure #  | Amount of Expenditure |
|  |                       |
| Name of Candidate  | Office Sought         |

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

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