

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 282

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Tim for Connecticut 2018</b>				<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Loretta</b>		MI <b></b>	Last <b>Chory</b>		Suffix <b></b>
4. TREASURER ADDRESS					
Street Address <b>26 Dale Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
5. ELECTION DATE <b>11/06/2018</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>Undetermined</b>			7. DISTRICT NUMBER (if applicable) <b></b>
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Timothy</b>		MI <b>M</b>	Last <b>Herbst</b>		Suffix <b></b>
9. TYPE OF REPORT <b>April 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>01/01/2017</b> thru <b>03/31/2017</b>					
11. CERTIFICATION					
<input 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> SIGNATURE		<b>Loretta Chory</b> PRINT NAME OF THE SIGNER		<b>04/06/2017 12:00:41PM</b> DATE CERTIFIED	
<b>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.</b>					

**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>Tim for Connecticut 2018</b>	April 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$83,444.00</b>	<b>\$83,444.00</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>\$0.00</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>\$83,444.00</b>	<b>\$83,444.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$83,444.00</b>	<b>\$83,444.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$33,611.05</b>	<b>\$33,611.05</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$49,832.95</b>	<b>\$49,832.95</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>\$693.78</b>	<b>\$693.78</b>
24. In-Kind Contributions Received (Section K)	<b>\$487.67</b>	<b>\$487.67</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>\$800.00</b>	<b>\$800.00</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
Tim for Connecticut 2018	April 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY**

For Nonparticipating Candidates ONLY

**\$0.00****B. Itemized Contributions from Individuals**

Last Name Chory		First Loretta		MI J	Contribution ID # 0001
Residential Street Address 26 Dale Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Financial Analyst		Name of Employer Peoples United Bank			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/11/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Grillo		First Lawrence		MI J	Contribution ID # 0002
Residential Street Address 20 Gwendolyn Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Manufacturing		Name of Employer Grillo Services LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/16/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Weiner		First Greg		MI R	Contribution ID # 0003
Residential Street Address 72 Geraldine Cir		City Trumbull		State CT	Zip Code 06611
Principal Occupation VP		Name of Employer Eastern Metal Works			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/16/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Yang</b>		First <b>Lin</b>		MI	Contribution ID # <b>0004</b>
Residential Street Address <b>17 Woodside Dr</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>scientist</b>		Name of Employer <b>unilever</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Arthur</b>		First <b>Megan</b>		MI	Contribution ID # <b>0005</b>
Residential Street Address <b>10 Macarthur Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Executive Assistant</b>		Name of Employer <b>Information Services Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Arthur</b>		First <b>Chris</b>		MI	Contribution ID # <b>0006</b>
Residential Street Address <b>10 Macarthur Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Compensation Consultant</b>		Name of Employer <b>McLagan</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bakalar</b>		First <b>Rina</b>		MI	Contribution ID # <b>0007</b>
Residential Street Address <b>18 Fran's Way</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Eco Dev</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bellows</b>		First <b>Brian</b>		MI	Contribution ID # <b>0008</b>
Residential Street Address <b>10 Shadowood Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bria</b>		First <b>John</b>		MI <b>R</b>	Contribution ID # <b>0009</b>
Residential Street Address <b>1642 New Haven Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>owner</b>		Name of Employer <b>Residential Waste Systems</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Casasanta</b>		First <b>Meg</b>		MI	Contribution ID # <b>0010</b>
Residential Street Address <b>217 Whitewood Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Surgical counselor</b>		Name of Employer <b>Consulting Ophthalmologists</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chiota</b>		First <b>Diane</b>		MI <b>T</b>	Contribution ID # <b>0011</b>
Residential Street Address <b>35 Iron Gate Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Coniglio</b>		First <b>Paul</b>		MI	Contribution ID # <b>0012</b>
Residential Street Address <b>3 Keenes Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Colony Grill Development, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dadakis</b>		First <b>Edward</b>		MI	Contribution ID # <b>0013</b>
Residential Street Address <b>81 Mallard Dr</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>
Principal Occupation <b>Broker</b>		Name of Employer <b>Aon</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DiCocco</b>		First <b>Krista</b>		MI <b>M</b>	Contribution ID # <b>0014</b>
Residential Street Address <b>8 S Edgewood Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>hairstylist</b>		Name of Employer <b>Ryan John Salon</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Donofrio</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>0015</b>
Residential Street Address <b>4 Nichols Farm Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Ciulla &amp; Donofrio, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Dreher</b>		First <b>Quentin</b>		MI <b>L</b>	Contribution ID # <b>0016</b>
Residential Street Address <b>333 Dover St .</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Sikorsky Aircraft</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>fabrizi</b>		First <b>Leonard</b>		MI <b>J</b>	Contribution ID # <b>0017</b>
Residential Street Address <b>149 Broadway Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Landscaping</b>		Name of Employer <b>Ljfoutdoormtnce</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Farnen</b>		First <b>James</b>		MI <b>J</b>	Contribution ID # <b>0018</b>
Residential Street Address <b>4 Keenes Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>Westport BOE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Field</b>		First <b>Randy</b>		MI <b>CT</b>	Contribution ID # <b>0019</b>
Residential Street Address <b>20 Mariner Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>Reed Exhibitions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Fuimara		First Vincent		MI	Contribution ID # 0020
Residential Street Address 55 Normandy Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation General contractor		Name of Employer Mediterranean construction			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Grillo		First John		MI M	Contribution ID # 0021
Residential Street Address 33 Haverhill Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Owner		Name of Employer Grillo Services LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Grillo		First Janet		MI K	Contribution ID # 0022
Residential Street Address 20 Gwendolyn Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Home Maker		Name of Employer Mom			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Grillo		First Lynne		MI T	Contribution ID # 0023
Residential Street Address 33 Haverhill Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/17/2017	Aggregate Contributions \$100.00	\$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Gulizza</b>		First <b>Peter</b>		MI <b>C</b>	Contribution ID # <b>0024</b>
Residential Street Address <b>703 S Main St</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Driver</b>		Name of Employer <b>Santa Energy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hage</b>		First <b>Tara</b>		MI <b>CT</b>	Contribution ID # <b>0025</b>
Residential Street Address <b>27 Farmstead Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Halaby</b>		First <b>Linda</b>		MI <b>FL</b>	Contribution ID # <b>0026</b>
Residential Street Address <b>44 Cayman Pl</b>		City <b>Palm Beach Gardens</b>		State <b>FL</b>	Zip Code <b>33418</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Halaby</b>		First <b>Ken</b>		MI <b>FL</b>	Contribution ID # <b>0027</b>
Residential Street Address <b>44 Cayman Pl</b>		City <b>Palm Beach Gardens</b>		State <b>FL</b>	Zip Code <b>33418</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Henderson</b>		First <b>James</b>		MI <b>W</b>	Contribution ID # <b>0028</b>
Residential Street Address <b>15 Bellewood Ave</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06705-2302</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hosley</b>		First <b>William</b>		MI <b>CT</b>	Contribution ID # <b>0029</b>
Residential Street Address <b>30 Old Abbe Rd</b>		City <b>Enfield</b>		State <b>CT</b>	Zip Code <b>06082</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>MacKeil</b>		First <b>Mark</b>		MI <b>CT</b>	Contribution ID # <b>0030</b>
Residential Street Address <b>27 Edgewood Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Malin</b>		First <b>Sheri</b>		MI <b>W</b>	Contribution ID # <b>0031</b>
Residential Street Address <b>68 Gatehouse Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>style consultant</b>		Name of Employer <b>Nina McLemore</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Marini</b>		First <b>Vincent</b>		MI <b>A</b>	Contribution ID # <b>0032</b>
Residential Street Address <b>127 Hawthorne Ave</b>		City <b>Derby</b>		State <b>CT</b>	Zip Code <b>06418</b>
Principal Occupation <b>Business-owner</b>		Name of Employer <b>DVR, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rabinowitz</b>		First <b>Sean</b>		MI <b>CT</b>	Contribution ID # <b>0034</b>
Residential Street Address <b>7 Fifth Ave</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Broker</b>		Name of Employer <b>Acbi</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Reed</b>		First <b>Irving</b>		MI <b>F</b>	Contribution ID # <b>0035</b>
Residential Street Address <b>14 Highland Ave</b>		City <b>Ansonia</b>		State <b>CT</b>	Zip Code <b>06401</b>
Principal Occupation <b>Quality Manager</b>		Name of Employer <b>Materials Testing, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Russo</b>		First <b>Robert</b>		MI <b>D</b>	Contribution ID # <b>0036</b>
Residential Street Address <b>208 Brooklawn Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Russo &amp; Associates, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Sando</b>		First <b>Matthew</b>		MI	Contribution ID # <b>0037</b>
Residential Street Address <b>5 Mountain View Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>owner</b>		Name of Employer <b>MODERN HVAC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>SanFanAndre</b>		First <b>Scott</b>		MI	Contribution ID # <b>0038</b>
Residential Street Address <b>19 Jones Hill Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>GM</b>		Name of Employer <b>Ansel Label &amp; Packaging</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Sather</b>		First <b>Ralph</b>		MI <b>N</b>	Contribution ID # <b>0039</b>
Residential Street Address <b>155 Canoe Brook Rd .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Stokes</b>		First <b>Greg</b>		MI <b>T</b>	Contribution ID # <b>0040</b>
Residential Street Address <b>10 Steele Rd</b>		City <b>Enfield</b>		State <b>CT</b>	Zip Code <b>06082</b>
Principal Occupation <b>Pastor</b>		Name of Employer <b>Cornerstone Church</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Testani</b>		First <b>Jack</b>		MI <b>S</b>	Contribution ID # <b>0041</b>
Residential Street Address <b>50 Cranbury Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>ICON International, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wainwright</b>		First <b>Andrew</b>		MI <b>R</b>	Contribution ID # <b>0042</b>
Residential Street Address <b>38 Van Rensselaer Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Expeditors International</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wainwright</b>		First <b>Vivian</b>		MI <b>H</b>	Contribution ID # <b>0043</b>
Residential Street Address <b>119 Keeler Rd</b>		City <b>Bridgewater</b>		State <b>CT</b>	Zip Code <b>06752</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wenz</b>		First <b>Douglas</b>		MI <b>P</b>	Contribution ID # <b>0044</b>
Residential Street Address <b>66 Coventry Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Zoning</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Whetstone</b>		First <b>Barbara</b>		MI	Contribution ID # <b>0045</b>
Residential Street Address <b>29 Quaker Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Administrative Assistant</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Haberlin</b>		First <b>William</b>		MI <b>S</b>	Contribution ID # <b>0083</b>
Residential Street Address <b>351 Shelton Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>owner</b>		Name of Employer <b>Technical Staffing Solutions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Haberlin</b>		First <b>Carol</b>		MI <b>G</b>	Contribution ID # <b>0084</b>
Residential Street Address <b>351 Shelton Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Secretary</b>		Name of Employer <b>Wesport Bd of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>DeVita</b>		First <b>Ennio</b>		MI	Contribution ID # <b>0089</b>
Residential Street Address <b>305 Buckskin Ct</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Chiota</b>		First <b>John</b>		MI <b>P</b>	Contribution ID # <b>0046</b>
Residential Street Address <b>35 Iron Gate Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>John P. Chiota, Esq.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marcantonio</b>		First <b>Ellen</b>		MI <b>M</b>	Contribution ID # <b>0047</b>
Residential Street Address <b>67 Deerwood Dr</b>		City <b>Bethlehem</b>		State <b>CT</b>	Zip Code <b>06751</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mayo</b>		First <b>Diane</b>		MI <b>F</b>	Contribution ID # <b>0048</b>
Residential Street Address <b>26 Hickory St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Paraprofessional</b>		Name of Employer <b>Knight rolleri Sheppard CPAS LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Millott</b>		First <b>Mary</b>		MI <b>C</b>	Contribution ID # <b>0049</b>
Residential Street Address <b>24 Farmstead Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Mom</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Sandonato</b>		First <b>Michael</b>		MI	Contribution ID # <b>0050</b>
Residential Street Address <b>2 Falls Dr</b>		City <b>Brookfield</b>		State <b>NY</b>	Zip Code <b>06804</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>ITT CORPORATION</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>swanson</b>		First <b>suzanne</b>		MI	Contribution ID # <b>0051</b>
Residential Street Address <b>18 Pumpkin Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Spouse/Owner</b>		Name of Employer <b>Swanson Fish Mk</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Utzler</b>		First <b>Ryan</b>		MI	Contribution ID # <b>0052</b>
Residential Street Address <b>26 Sand St</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Business Development</b>		Name of Employer <b>Dell EMC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coniglio</b>		First <b>Brooke</b>		MI <b>L</b>	Contribution ID # <b>0053</b>
Residential Street Address <b>3 Keene Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Olenchuk</b>		First <b>Igor</b>		MI	Contribution ID # <b>0054</b>
Residential Street Address <b>182 Strobel Rd .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>roofer</b>		Name of Employer <b>Robert D Scinto INC.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Quinlan</b>		First <b>Kevin</b>		MI	Contribution ID # <b>0055</b>
Residential Street Address <b>320 Cobbler Ln</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>MSC Software</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Smiga</b>		First <b>Karen</b>		MI <b>R</b>	Contribution ID # <b>0056</b>
Residential Street Address <b>132 Sweeping Mist Cir</b>		City <b>Frederica</b>		State <b>DE</b>	Zip Code <b>19946</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/19/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>veliotis</b>		First <b>stanley</b>		MI	Contribution ID # <b>0057</b>
Residential Street Address <b>5 Lynnbroad Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Professor/Tax Lawyer/CPA</b>		Name of Employer <b>Fordham Univ</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/19/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>bragano</b>		First <b>nick</b>		MI	Contribution ID # <b>0058</b>
Residential Street Address <b>14 Bull Frog Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Fedell</b>		First <b>Michael</b>		MI <b>V</b>	Contribution ID # <b>0059</b>
Residential Street Address <b>117 Pinewood Trl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Fedell's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Honeyman</b>		First <b>Evan</b>		MI	Contribution ID # <b>0060</b>
Residential Street Address <b>260 Deerbrooke Cir</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489</b>
Principal Occupation <b>Director of Business Development</b>		Name of Employer <b>TicketNetwork</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/20/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Wildman</b>		First <b>Susan</b>		MI	Contribution ID # <b>0153</b>
Residential Street Address <b>50 Great Hill Rd</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Stay at Home mom</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Hage</b>		First <b>Pierre</b>		MI	Contribution ID # <b>0061</b>
Residential Street Address <b>27 Farmstead</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Physicians for Women's Health CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marini</b>		First <b>Frank</b>		MI	Contribution ID # <b>0062</b>
Residential Street Address <b>5109 Madison Ave .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>M&amp;L Construction Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marini</b>		First <b>Gaetano</b>		MI	Contribution ID # <b>0063</b>
Residential Street Address <b>5 Asbury Rd .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>M&amp;L Construction Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Regnery</b>		First <b>Laura</b>		MI <b>E</b>	Contribution ID # <b>0064</b>
Residential Street Address <b>5 Asbury Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>secretary</b>		Name of Employer <b>M&amp;L Construction Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/22/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Yang</b>		First <b>Bo</b>		MI	Contribution ID # <b>0065</b>
Residential Street Address <b>109 Brookside Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>IT</b>		Name of Employer <b>SS&amp;C Technologies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/22/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Haselkamp</b>		First <b>Harry</b>		MI	Contribution ID # <b>0066</b>
Residential Street Address <b>373 Orange Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>Labor relations</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Honeyman</b>		First <b>Evan</b>		MI	Contribution ID # <b>0067</b>
Residential Street Address <b>260 Deerbrooke Cir</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489</b>
Principal Occupation <b>Director of Business Development</b>		Name of Employer <b>TicketNetwork</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$60.00</b>

Last Name <b>Julian</b>		First <b>Kara</b>		MI	Contribution ID # <b>0068</b>
Residential Street Address <b>84 Gilman St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Finance</b>		Name of Employer <b>Morgan Stanley</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/23/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pifko</b>		First <b>Patricia</b>		MI	Contribution ID # <b>0081</b>
Residential Street Address <b>158 Plymouth Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pifko</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0082</b>
Residential Street Address <b>158 Plymouth Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>medical sales</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Saracino</b>		First <b>John</b>		MI <b>R</b>	Contribution ID # <b>0097</b>
Residential Street Address <b>27 Lincoln St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Becker</b>		First <b>David</b>		MI <b>M</b>	Contribution ID # <b>0069</b>
Residential Street Address <b>31 Catherine St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Consulting</b>		Name of Employer <b>Flashpoint Consulting LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name daley		First kevin		MI	Contribution ID # 0070
Residential Street Address 7 Christopher Ln		City Norwalk		State CT	Zip Code 06851
Principal Occupation builder		Name of Employer SigCon			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name DeBroff		First Brian		MI M	Contribution ID # 0071
Residential Street Address 2220 Huntington Tpke		City Trumbull		State CT	Zip Code 06611
Principal Occupation Physician		Name of Employer Eye Surgery Associates			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$50.00	\$50.00

Last Name DeSanty		First Greg		MI	Contribution ID # 0072
Residential Street Address 30 Controls Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation President & CEO		Name of Employer ABC Sign Corp			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gottlieb		First Larry		MI I	Contribution ID # 0073
Residential Street Address 111 Crabapple Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Dentist		Name of Employer Larry I. Gottlieb, DDS			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Greim		First William		MI E	Contribution ID # 0074
Residential Street Address 44 Hammock Pkwy		City Clinton		State CT	Zip Code 06413
Principal Occupation Mfg Rep.		Name of Employer EPC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Lisi		First Michael		MI CT	Contribution ID # 0075
Residential Street Address 83 Horse Tavern Rd .		City Trumbull		State CT	Zip Code 06611
Principal Occupation Foreman		Name of Employer M&L Construction Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Miko		First William		MI S	Contribution ID # 0076
Residential Street Address 7 Brae Loch Way		City Shelton		State CT	Zip Code 06484
Principal Occupation General Contractor		Name of Employer Merritt Contractors Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Miko		First Judy		MI CT	Contribution ID # 0077
Residential Street Address 7 Brae Loch Way		City Shelton		State CT	Zip Code 06484
Principal Occupation Realtor		Name of Employer ReMax Right Choice			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/24/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Novia</b>		First <b>Nick</b>		MI <b>S</b>	Contribution ID # <b>0078</b>
Residential Street Address <b>111 Farmington Ave</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/24/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Ogrodnik</b>		First <b>Tracy</b>		MI <b></b>	Contribution ID # <b>0079</b>
Residential Street Address <b>145 Parmelee Hill Rd</b>		City <b>Durham</b>		State <b>CT</b>	Zip Code <b>06422</b>
Principal Occupation <b>Controller</b>		Name of Employer <b>Artisans Maker of Fine Homes Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Weinberg</b>		First <b>James</b>		MI <b></b>	Contribution ID # <b>0080</b>
Residential Street Address <b>59 Rowledge Pond Rd</b>		City <b>Sandy Hook</b>		State <b>CT</b>	Zip Code <b>06482</b>
Principal Occupation <b>ship broker</b>		Name of Employer <b>Safe Harbour Tanker Chartering LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wall</b>		First <b>Frances</b>		MI <b>M</b>	Contribution ID # <b>0152</b>
Residential Street Address <b>33 Manitook Dr</b>		City <b>Oxford</b>		State <b>CT</b>	Zip Code <b>06478</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Carloto		First Lisa		MI	Contribution ID # 0086
Residential Street Address 7 Locust St		City Trumbull		State CT	Zip Code 06611
Principal Occupation Substitute Trade Instructor			Name of Employer CT Technical HS Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 01/25/2017	
				Aggregate Contributions \$100.00	

Last Name Slocum		First Paige		MI	Contribution ID # 0099
Residential Street Address 386 Peddlers Rd		City Guilford		State CT	Zip Code 06437
Principal Occupation Homemaker			Name of Employer none		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/25/2017	
				Aggregate Contributions \$100.00	

Last Name mccarthy		First sean		MI	Contribution ID # 0104
Residential Street Address 20 Trotters Ln		City Monroe		State CT	Zip Code 06468
Principal Occupation Director			Name of Employer BI		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/25/2017	
				Aggregate Contributions \$100.00	

Last Name Halaby		First Kenneth		MI B	Contribution ID # 0111
Residential Street Address 1974 Steeplechase Dr		City Williamstown		State NJ	Zip Code 08094
Principal Occupation sales			Name of Employer Experian		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/25/2017	
				Aggregate Contributions \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Anderson</b>		First <b>Jordanne</b>		MI <b>L</b>	Contribution ID # <b>0120</b>
Residential Street Address <b>29 Doble St Unit 2</b>		City <b>Quincy</b>		State <b>MA</b>	Zip Code <b>02169</b>
Principal Occupation <b>Finance Director</b>		Name of Employer <b>Massachusetts Fiscal Alliance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Colucci</b>		First <b>Edna</b>		MI <b>CT</b>	Contribution ID # <b>0140</b>
Residential Street Address <b>39 Kingsbury Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self-The Colucci Law Firm, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zamary</b>		First <b>George</b>		MI <b>CT</b>	Contribution ID # <b>0129</b>
Residential Street Address <b>11 Lynnbrook Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Herbst</b>		First <b>Deborah</b>		MI <b>CT</b>	Contribution ID # <b>0130</b>
Residential Street Address <b>11 Lynnbrook Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Herbst</b>		First <b>Michael</b>		MI <b>T</b>	Contribution ID # <b>0131</b>
Residential Street Address <b>11 Lynnbrook Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hickcox</b>		First <b>Leigh</b>		MI <b>H</b>	Contribution ID # <b>0143</b>
Residential Street Address <b>56 Lorma Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Technical support</b>		Name of Employer <b>Self-employed-Hickcox Consulting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DeMaio</b>		First <b>Nicole</b>		MI <b>CT</b>	Contribution ID # <b>0156</b>
Residential Street Address <b>86 Pleasant View Rd</b>		City <b>Derby</b>		State <b>CT</b>	Zip Code <b>06418</b>
Principal Occupation <b>Marketing Director</b>		Name of Employer <b>Downes Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Colucci</b>		First <b>Anthony</b>		MI <b>CT</b>	Contribution ID # <b>0098</b>
Residential Street Address <b>39 Kingsbury Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>lawyer</b>		Name of Employer <b>Self-The Colucci Law Firm, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/26/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Russo</b>		First <b>Lindsay</b>		MI	Contribution ID # <b>0113</b>
Residential Street Address <b>180 Brooklawn Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Assistant Director of Communications</b>		Name of Employer <b>Greens Farms Academy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Flemming</b>		First <b>Robert</b>		MI <b>J</b>	Contribution ID # <b>0128</b>
Residential Street Address <b>39 Newton Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Russo</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0125</b>
Residential Street Address <b>180 Brooklawn Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Q &amp; R Associates, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Preusch</b>		First <b>David</b>		MI <b>W</b>	Contribution ID # <b>0142</b>
Residential Street Address <b>19 Woodcrest Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>Self Employed-David Preusch Architect</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Zablocky</b>		First <b>Patricia</b>		MI	Contribution ID # <b>0146</b>
Residential Street Address <b>495 Cases Ln</b>		City <b>Cutchogue</b>		State <b>NY</b>	Zip Code <b>11935</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>UnitedHealth</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Monaco</b>		First <b>Domenic</b>		MI <b>C</b>	Contribution ID # <b>0087</b>
Residential Street Address <b>76 Westfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Premier Graphics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Burr Monaco</b>		First <b>Suzanne</b>		MI <b>C</b>	Contribution ID # <b>0976</b>
Residential Street Address <b>76 Westfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Town Clerk</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bonitatibus</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0085</b>
Residential Street Address <b>2625 Park Ave Unit 14H</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/29/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Friedson</b>		First <b>Russell</b>		MI <b>K</b>	Contribution ID # <b>0114</b>
Residential Street Address <b>30 Dogwood Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>CFO/COO</b>		Name of Employer <b>Greens Farms Academy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Fasi</b>		First <b>Joseph</b>		MI <b>P</b>	Contribution ID # <b>0118</b>
Residential Street Address <b>64 Avonwood C-7</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Joseph Fasi LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Maiocco</b>		First <b>Adam</b>		MI <b></b>	Contribution ID # <b>0121</b>
Residential Street Address <b>80 Oriole Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Neubert, Pepe &amp; Monteith</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bria</b>		First <b>Patricia</b>		MI <b>A</b>	Contribution ID # <b>0122</b>
Residential Street Address <b>1642 New Haven Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Coppola</b>		First <b>Tricia</b>		MI	Contribution ID # <b>0123</b>
Residential Street Address <b>11 Morning Mist Dr</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>North Haven BOE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kokenos</b>		First <b>Dennis</b>		MI <b>J</b>	Contribution ID # <b>0124</b>
Residential Street Address <b>21 Platts Hill Rd</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Owens, Schine &amp; Nicola, P.C.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pioli</b>		First <b>Victor</b>		MI	Contribution ID # <b>0126</b>
Residential Street Address <b>28 Linley Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kriz</b>		First <b>John</b>		MI <b>A</b>	Contribution ID # <b>0127</b>
Residential Street Address <b>12 Wood Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Morten</b>		First <b>Stanley</b>		MI	Contribution ID # <b>0141</b>
Residential Street Address <b>290 Sasco Hill Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Investor/Consultant</b>		Name of Employer <b>Self-None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kolenberg</b>		First <b>Robert</b>		MI <b>A</b>	Contribution ID # <b>0132</b>
Residential Street Address <b>97 Harvest Hill Ln</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Halaby</b>		First <b>Theodore</b>		MI <b>s</b>	Contribution ID # <b>0133</b>
Residential Street Address <b>99 S Downing St</b>		City <b>Denver</b>		State <b>CO</b>	Zip Code <b>80209</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>stapleton</b>		First <b>james</b>		MI <b>f</b>	Contribution ID # <b>0134</b>
Residential Street Address <b>25420 Galashields Cir</b>		City <b>Bonita Springs</b>		State <b>FL</b>	Zip Code <b>34134</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bria</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>0135</b>
Residential Street Address <b>11 Cornfield Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Trash collection</b>		Name of Employer <b>RWS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ryan</b>		First <b>Kieran</b>		MI <b>M</b>	Contribution ID # <b>0136</b>
Residential Street Address <b>345 Stamford Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Ryan Ryan Deluca LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coppola</b>		First <b>Paul</b>		MI <b>J</b>	Contribution ID # <b>0137</b>
Residential Street Address <b>48 Webster Point Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Self-Paul J Coppola MD PC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Garamella</b>		First <b>Mark</b>		MI <b>A</b>	Contribution ID # <b>0138</b>
Residential Street Address <b>15 Moose Hill Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>pres</b>		Name of Employer <b>self-MA Garamella</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Garamella</b>		First <b>James</b>		MI <b>J</b>	Contribution ID # <b>0139</b>
Residential Street Address <b>11 Moose Hill Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>pres</b>		Name of Employer <b>Self-JJ Box Company</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chase</b>		First <b>Ted</b>		MI <b></b>	Contribution ID # <b>0147</b>
Residential Street Address <b>27 Francis St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Banking</b>		Name of Employer <b>Webster Bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Zerella</b>		First <b>Kenny</b>		MI <b></b>	Contribution ID # <b>0148</b>
Residential Street Address <b>245 Unquowa Rd # 77</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>William Raveis / Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Beeman</b>		First <b>Mary</b>		MI <b>E</b>	Contribution ID # <b>0149</b>
Residential Street Address <b>39 Boston St</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Office Manager</b>		Name of Employer <b>Women and Family Life Center</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Harrigan</b>		First <b>William</b>		MI <b>B</b>	Contribution ID # <b>0150</b>
Residential Street Address <b>1203 Prospect Dr</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>ZON Re</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jarvis</b>		First <b>Marc</b>		MI <b>C</b>	Contribution ID # <b>0151</b>
Residential Street Address <b>93 Harvest Moon Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Property Manager</b>		Name of Employer <b>Self-Jarvis Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coppola</b>		First <b>Robert</b>		MI <b></b>	Contribution ID # <b>0144</b>
Residential Street Address <b>11 Morning Mist Dr</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Police Sergeant</b>		Name of Employer <b>Trumbull Police Dept</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coppola</b>		First <b>Paul</b>		MI <b>R</b>	Contribution ID # <b>0145</b>
Residential Street Address <b>1 Frederick Pl</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>Trumbull Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>DelNero</b>		First <b>John</b>		MI	Contribution ID # <b>0157</b>
Residential Street Address <b>153 Sams Rd Unit B</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06451</b>
Principal Occupation <b>Transportation Service</b>		Name of Employer <b>Encore Limousine</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bellows</b>		First <b>Donald Richard</b>		MI	Contribution ID # <b>0161</b>
Residential Street Address <b>4918 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bellows</b>		First <b>Roberta</b>		MI	Contribution ID # <b>0162</b>
Residential Street Address <b>4918 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Mauzerall</b>		First <b>Michael</b>		MI	Contribution ID # <b>0119</b>
Residential Street Address <b>95 Copper Kettle Dr</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>M&amp;M Fence &amp; WireWorks, inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Saller</b>		First <b>Sven</b>		MI <b>E</b>	Contribution ID # <b>0112</b>
Residential Street Address <b>42 Farmstead Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Glamorise Foundations, Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hammers</b>		First <b>Elaine</b>		MI <b></b>	Contribution ID # <b>0115</b>
Residential Street Address <b>59 Coventry Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>Hammers Healthcare Imaging</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kokenos</b>		First <b>Stephanie</b>		MI <b>J</b>	Contribution ID # <b>0116</b>
Residential Street Address <b>21 Platts Hill Rd</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Homemaker</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>knuff</b>		First <b>john</b>		MI <b>w</b>	Contribution ID # <b>0117</b>
Residential Street Address <b>2 Blue Ribbon Dr</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>HSSK, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>JANNEY</b>		First <b>ERIC</b>		MI <b>M</b>	Contribution ID # <b>0105</b>
Residential Street Address <b>975 Stonington Rd</b>		City <b>Pawcatuck</b>		State <b>CT</b>	Zip Code <b>06379</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Block, Janney &amp; Sisley, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hance</b>		First <b>James</b>		MI <b>J</b>	Contribution ID # <b>0106</b>
Residential Street Address <b>155 Lake Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Informatics Analyst</b>		Name of Employer <b>Cigna</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Clarke</b>		First <b>Sean</b>		MI <b>MA</b>	Contribution ID # <b>0107</b>
Residential Street Address <b>393 Fortune Blvd</b>		City <b>Milford</b>		State <b>MA</b>	Zip Code <b>01757</b>
Principal Occupation <b>President</b>		Name of Employer <b>Clarke</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Harinstein</b>		First <b>Michael</b>		MI <b>VA</b>	Contribution ID # <b>0108</b>
Residential Street Address <b>533 N Oxford St</b>		City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22203</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Core Focus Consulting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kolenberg</b>		First <b>Steven</b>		MI <b>B</b>	Contribution ID # <b>0109</b>
Residential Street Address <b>97 Harvest Hill Ln</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>Outreach Coordinator</b>		Name of Employer <b>CT House Republicans</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ciambriello</b>		First <b>Lawrence</b>		MI <b></b>	Contribution ID # <b>0110</b>
Residential Street Address <b>238 Lake Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Operations Director</b>		Name of Employer <b>Deane Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>scinto</b>		First <b>Robert</b>		MI <b>A</b>	Contribution ID # <b>0100</b>
Residential Street Address <b>326 Penfield</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>developer</b>		Name of Employer <b>R.D.Scinto</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Logan</b>		First <b>George</b>		MI <b>S</b>	Contribution ID # <b>0101</b>
Residential Street Address <b>10 La Rovera Ter</b>		City <b>Ansonia</b>		State <b>CT</b>	Zip Code <b>06401</b>
Principal Occupation <b>Engineer/Executive</b>		Name of Employer <b>Aquarion Water Company</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <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

Tim for Connecticut 2018

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Coppola</b>		First <b>Ashley</b>		MI <b>R</b>	Contribution ID # <b>0103</b>
Residential Street Address <b>1 Frederick Pl</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Becton, Dickinson, and Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>McCarthy</b>		First <b>Lyn</b>		MI <b>F</b>	Contribution ID # <b>0090</b>
Residential Street Address <b>11 Adirondack Trl</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06616</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>St. Vincents Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Stange</b>		First <b>Karl</b>		MI	Contribution ID # <b>0470</b>
Residential Street Address <b>345 S Main St</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>General Manager</b>		Name of Employer <b>J Mezes &amp; Sons</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>01/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Colcord</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0158</b>
Residential Street Address <b>25 Elizabeth St</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Sales VP</b>		Name of Employer <b>EBP Supply Solutions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/01/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Hancock</b>		First <b>John</b>		MI	Contribution ID # <b>0154</b>
Residential Street Address <b>86 Joseph St</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06705</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Environmental Engineering</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jacques</b>		First <b>Warren</b>		MI	Contribution ID # <b>0155</b>
Residential Street Address <b>37 Old Elm Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Tree Warden</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Skibiski</b>		First <b>Barbara</b>		MI	Contribution ID # <b>0175</b>
Residential Street Address <b>283 Mayfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Willinger</b>		First <b>Charles</b>		MI <b>J</b>	Contribution ID # <b>0177</b>
Residential Street Address <b>100 Parrot Dr Unit 1401</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Willinger Willinger &amp; Bucci PC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/01/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ganim</b>		First <b>Lawrence</b>		MI <b>J</b>	Contribution ID # <b>0178</b>
Residential Street Address <b>45 Ironwood Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>President</b>		Name of Employer <b>Ganim Financial</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Fahy</b>		First <b>Lori</b>		MI <b>CT</b>	Contribution ID # <b>0172</b>
Residential Street Address <b>20 Mac's Harbor Ct</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>Program Asst</b>		Name of Employer <b>Fairfield University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zamary</b>		First <b>Evelyn</b>		MI <b>CT</b>	Contribution ID # <b>0173</b>
Residential Street Address <b>39 Mayflower Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Assist Admin</b>		Name of Employer <b>Trumbull Board of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Slocum</b>		First <b>John</b>		MI <b>CT</b>	Contribution ID # <b>0174</b>
Residential Street Address <b>386 Peddlers Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Vice President</b>		Name of Employer <b>Slocum and Sons</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Saad</b>		First <b>Audrey</b>		MI <b>K</b>	Contribution ID # <b>0163</b>
Residential Street Address <b>25 Hillandale Ter</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>Our Savior's Church</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Nolan</b>		First <b>Susan</b>		MI <b>G</b>	Contribution ID # <b>0164</b>
Residential Street Address <b>5346 Main St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>HR Analyst</b>		Name of Employer <b>Lockheed Martin-Sikorsky</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Scurvin</b>		First <b>George</b>		MI <b></b>	Contribution ID # <b>0091</b>
Residential Street Address <b>85 Bishop Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Welder</b>		Name of Employer <b>George's Welding</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Murphy</b>		First <b>Megan</b>		MI <b>M</b>	Contribution ID # <b>0092</b>
Residential Street Address <b>54 Old Tree Farm Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Fire Marshall</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Stronkowski</b>		First <b>John</b>		MI <b>J</b>	Contribution ID # <b>0093</b>
Residential Street Address <b>61 N Main St</b>		City <b>Beacon Falls</b>		State <b>CT</b>	Zip Code <b>06403</b>
Principal Occupation <b>none</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Fahy</b>		First <b>Thomas</b>		MI <b>J</b>	Contribution ID # <b>0094</b>
Residential Street Address <b>1670 Elm St</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>engineer</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jones</b>		First <b>Edward</b>		MI <b>M</b>	Contribution ID # <b>0095</b>
Residential Street Address <b>200 Morningside Ter</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>retired</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jones</b>		First <b>Valarie</b>		MI <b>A</b>	Contribution ID # <b>0096</b>
Residential Street Address <b>200 Morningside Ter</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Registered nurse</b>		Name of Employer <b>City of Bridgeport Bd of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ciardiello</b>		First <b>Peter</b>		MI <b>C</b>	Contribution ID # <b>0284</b>
Residential Street Address <b>37 Edwin Ct</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Ciardiello Insurance Agency</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/02/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Megenis</b>		First <b>Ann Marie</b>		MI <b>CT</b>	Contribution ID # <b>0159</b>
Residential Street Address <b>24 Adirondack Trl</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>VP Accounting</b>		Name of Employer <b>Deutsch Family Wine &amp; Spirits</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Megenis</b>		First <b>Walter</b>		MI <b>F</b>	Contribution ID # <b>0160</b>
Residential Street Address <b>24 Adirondack Trl</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>CFO</b>		Name of Employer <b>Berkshire Hathaway Home Svs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Verbitsky</b>		First <b>Paul</b>		MI <b>J</b>	Contribution ID # <b>0171</b>
Residential Street Address <b>45 Mohawk Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Producer</b>		Name of Employer <b>WWE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/04/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Luo		First Robin		MI	Contribution ID # 0169
Residential Street Address 29 King Rd		City West Hartford		State CT	Zip Code 06107
Principal Occupation Vice President		Name of Employer Hartford Steam Boiler Insp & Ins			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/05/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Zamary		First Albert		MI	Contribution ID # 0170
Residential Street Address 39 Mayflower Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/05/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Chen		First Hang		MI	Contribution ID # 0168
Residential Street Address 111 Spring Water Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Paralegal		Name of Employer Rosenblum Newfield, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/06/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Kokenos		First Irene		MI	Contribution ID # 0179
Residential Street Address 46 Treeland Rd		City Shelton		State CT	Zip Code 06484
Principal Occupation homemaker		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/06/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Brady</b>		First <b>Stacey</b>		MI <b>J</b>	Contribution ID # <b>0180</b>
Residential Street Address <b>54 Blue Ridge Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/06/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Megenis</b>		First <b>Jacqueline</b>		MI <b>CT</b>	Contribution ID # <b>0165</b>
Residential Street Address <b>24 Adirondack Trl</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>student</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/06/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Megenis</b>		First <b>Rose</b>		MI <b>CT</b>	Contribution ID # <b>0166</b>
Residential Street Address <b>24 Adirondack Trl</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>student</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/07/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Zezula</b>		First <b>Nathan</b>		MI <b>CT</b>	Contribution ID # <b>0167</b>
Residential Street Address <b>188 Limekiln Rd .</b>		City <b>Ridgefield</b>		State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Pastore &amp; Dailey</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/07/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name glennon		First Robert		MI B	Contribution ID # 0191
Residential Street Address 75 F Leslie Rd		City Bridgeport		State CT	Zip Code 06606
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/08/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Di Marco		First Benny		MI CT	Contribution ID # 0189
Residential Street Address 11 Holly Ln		City Shelton		State CT	Zip Code 06484
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/09/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Croll		First Hugh		MI CT	Contribution ID # 0190
Residential Street Address 183 Banks Rd		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/09/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Huang		First Lei		MI CT	Contribution ID # 0188
Residential Street Address 19 Quail Trl		City Trumbull		State CT	Zip Code 06611
Principal Occupation research Manager		Name of Employer Unilever			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/10/2017	Aggregate Contributions \$50.00	\$50.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>lebeau</b>		First <b>keith</b>		MI	Contribution ID # <b>0184</b>
Residential Street Address <b>46 Southridge Rd</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>president</b>		Name of Employer <b>qscend</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Michaels</b>		First <b>Joyce</b>		MI	Contribution ID # <b>0185</b>
Residential Street Address <b>67 Jog Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>You</b>		First <b>Roy</b>		MI	Contribution ID # <b>0186</b>
Residential Street Address <b>628 Valley Rd .</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Risk manager</b>		Name of Employer <b>J. P. Morgan asset management</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/13/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Wei</b>		First <b>Yan</b>		MI	Contribution ID # <b>0187</b>
Residential Street Address <b>606 Wheeler Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>consultant</b>		Name of Employer <b>EENZYM LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>02132017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/13/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0181</b>
Residential Street Address <b>10 Westfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Teacher</b>			Name of Employer <b>Fairfield BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/14/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Smith</b>		First <b>Karli</b>		MI	Contribution ID # <b>0182</b>
Residential Street Address <b>10 Westfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Teacher</b>			Name of Employer <b>Fairfield BOE</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/14/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Luo</b>		First <b>Yuzhe</b>		MI	Contribution ID # <b>0183</b>
Residential Street Address <b>23 Highwood Pl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Senior Solution Analyst</b>			Name of Employer <b>Ascension Health</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$25.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/14/2017</b>	
				Aggregate Contributions <b>\$25.00</b>	

Last Name <b>Ferreri</b>		First <b>Michael</b>		MI <b>V</b>	Contribution ID # <b>0283</b>
Residential Street Address <b>106 Valleyview Ct</b>		City <b>Southington</b>		State <b>CT</b>	Zip Code <b>06489</b>
Principal Occupation <b>Chief Marketing Officer</b>			Name of Employer <b>Discount Power, Inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/15/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>HALABY</b>		First <b>LORI</b>		MI <b>P</b>	Contribution ID # <b>0259</b>
Residential Street Address <b>1974 Steeplechase Dr</b>		City <b>Williamstown</b>		State <b>NJ</b>	Zip Code <b>08094</b>
Principal Occupation <b>Nurse Practitioner</b>		Name of Employer <b>Nemours Childrens Health System</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/15/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Collins</b>		First <b>Susan</b>		MI <b></b>	Contribution ID # <b>0260</b>
Residential Street Address <b>7 Tam Tashua Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Admin, secretary</b>		Name of Employer <b>Trumbull Bd of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/15/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Baunach</b>		First <b>Stephen</b>		MI <b>p</b>	Contribution ID # <b>0258</b>
Residential Street Address <b>27 Wisteria Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>IT Security Professional</b>		Name of Employer <b>IBM</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lavery</b>		First <b>Andrew</b>		MI <b>W</b>	Contribution ID # <b>0255</b>
Residential Street Address <b>506 Timber Ln</b>		City <b>Canton</b>		State <b>CT</b>	Zip Code <b>06019</b>
Principal Occupation <b>Business Consultant</b>		Name of Employer <b>The Hartford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Carroll		First Margaret		MI	Contribution ID # 0256
Residential Street Address 11 Old Barn Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation homemaker		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Carroll		First Sean		MI M	Contribution ID # 0257
Residential Street Address 11 Old Barn Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Insurance Sales		Name of Employer Merit Insurance			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Petitti		First Tony		MI	Contribution ID # 0226
Residential Street Address 34 Westfield Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Petitti		First Marie		MI	Contribution ID # 0227
Residential Street Address 34 Westfield Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name McGuire		First David		MI M	Contribution ID # 0295
Residential Street Address 218 Lenore Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Manager		Name of Employer Hocon Gas			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Glassman		First Joel		MI	Contribution ID # 0296
Residential Street Address 27 Woodside Dr		City Woodbridge		State CT	Zip Code 06525
Principal Occupation COO		Name of Employer Discount Power, Inc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Tarantino		First Gino		MI	Contribution ID # 0297
Residential Street Address 136 Meadowview Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation VP/CFO		Name of Employer Hocon Gas			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Lockyer		First Edith (Edee)		MI	Contribution ID # 0298
Residential Street Address 948 Baldwin Rd		City Woodbridge		State CT	Zip Code 06525
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Scinto, Sr		First Donald		MI D	Contribution ID # 0192
Residential Street Address 65 Hedgehog Cir		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Lu		First Tracy		MI	Contribution ID # 0193
Residential Street Address 17 Woodside Dr		City Woodbridge		State CT	Zip Code 06525
Principal Occupation student		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Lu		First Kevin		MI	Contribution ID # 0194
Residential Street Address 17 Woodside Dr		City Woodbridge		State CT	Zip Code 06525
Principal Occupation student		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Yang		First Shaosong		MI	Contribution ID # 0195
Residential Street Address 5 Stoneleigh Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Insurance Agent		Name of Employer NY Life			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/17/2017	Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Wang</b>		First <b>Qian</b>		MI	Contribution ID # <b>0196</b>
Residential Street Address <b>5 Stoneleigh Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sr. Project Scientist</b>			Name of Employer <b>unilever</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Pagliarulo</b>		First <b>Patsy</b>		MI	Contribution ID # <b>0197</b>
Residential Street Address <b>229 Mayfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>			Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Piccirillo</b>		First <b>Phyllis</b>		MI	Contribution ID # <b>0198</b>
Residential Street Address <b>58 Springwood Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>			Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

Last Name <b>Wright</b>		First <b>Stephen</b>		MI <b>V</b>	Contribution ID # <b>0199</b>
Residential Street Address <b>71 Country Club Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>			Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Szlama</b>		First <b>Charles</b>		MI <b>P</b>	Contribution ID # <b>0200</b>
Residential Street Address <b>10 Willow Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Weir</b>		First <b>David</b>		MI <b>P</b>	Contribution ID # <b>0201</b>
Residential Street Address <b>5 Berkshire Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lacy</b>		First <b>Patrick</b>		MI	Contribution ID # <b>0202</b>
Residential Street Address <b>41 Dogwood Dr</b>		City <b>Moodus</b>		State <b>CT</b>	Zip Code <b>06469</b>
Principal Occupation <b>Sales, Distribution</b>		Name of Employer <b>Self-AGS Dist</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Scinto</b>		First <b>Dennis</b>		MI	Contribution ID # <b>0203</b>
Residential Street Address <b>2641 Madison Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Housing Code</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Presson</b>		First <b>Margaret</b>		MI <b>E</b>	Contribution ID # <b>0204</b>
Residential Street Address <b>95 Golden HI</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Costello</b>		First <b>William</b>		MI <b>J</b>	Contribution ID # <b>0205</b>
Residential Street Address <b>176 Park Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Technical Manager, CPA</b>		Name of Employer <b>American Ins of CPAs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Stefanacci</b>		First <b>Philomena</b>		MI <b>A</b>	Contribution ID # <b>0206</b>
Residential Street Address <b>104 Deramo Pl</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Real Estate Admin</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Schulman</b>		First <b>Robert</b>		MI <b>I</b>	Contribution ID # <b>0207</b>
Residential Street Address <b>3 Lafayette Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Member</b>		Name of Employer <b>All Right Sales, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pifko</b>		First <b>Frank</b>		MI <b>J</b>	Contribution ID # <b>0208</b>
Residential Street Address <b>31 Old Dairy Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Carroll</b>		First <b>Patrick</b>		MI <b>W</b>	Contribution ID # <b>0209</b>
Residential Street Address <b>11 Old Barn Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>student</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zamary</b>		First <b>David</b>		MI <b>CT</b>	Contribution ID # <b>0210</b>
Residential Street Address <b>681 Orange Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>Banker</b>		Name of Employer <b>First County Bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gueterman</b>		First <b>John</b>		MI <b>J</b>	Contribution ID # <b>0211</b>
Residential Street Address <b>92 Meadow Rd W</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Reid</b>		First <b>Laura</b>		MI <b>J</b>	Contribution ID # <b>0212</b>
Residential Street Address <b>388 Timberlane Dr</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>President &amp; CEO</b>		Name of Employer <b>Fish Mart, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Moran</b>		First <b>Mary</b>		MI <b>C</b>	Contribution ID # <b>0213</b>
Residential Street Address <b>136 Lake Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DiScala</b>		First <b>Virginia</b>		MI <b></b>	Contribution ID # <b>0214</b>
Residential Street Address <b>195 Hilltop Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Julian</b>		First <b>Anthony</b>		MI <b></b>	Contribution ID # <b>0215</b>
Residential Street Address <b>56 Lafayette Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>ADAM Industries, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Stawarky, Jr</b>		First <b>John</b>		MI <b>C</b>	Contribution ID # <b>0216</b>
Residential Street Address <b>27 Carriage Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Needleman</b>		First <b>Anne</b>		MI <b>C</b>	Contribution ID # <b>0217</b>
Residential Street Address <b>16 Squire Ct</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Sengle</b>		First <b>Philip</b>		MI <b>C</b>	Contribution ID # <b>0218</b>
Residential Street Address <b>25 James Vincent Dr</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03222017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mudrick</b>		First <b>Gerald</b>		MI <b>E</b>	Contribution ID # <b>0219</b>
Residential Street Address <b>110 Tashua Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Yetkofsky</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0314</b>
Residential Street Address <b>29 Bradley Ln</b>		City <b>Sandy Hook</b>		State <b>CT</b>	Zip Code <b>06482</b>
Principal Occupation <b>Safety Director</b>		Name of Employer <b>Royal Environmental Svs, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>deMaille</b>		First <b>Margaret</b>		MI	Contribution ID # <b>0315</b>
Residential Street Address <b>14 Plum St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>hairstresser</b>		Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Oak</b>		First <b>Lisa</b>		MI	Contribution ID # <b>0300</b>
Residential Street Address <b>10 Jeremy Garden Ln</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>consultant</b>		Name of Employer <b>Oak Advisory Svs, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Anastasio</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0301</b>
Residential Street Address <b>10 Jeremy Garden Ln</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cutrali</b>		First <b>Maria</b>		MI <b>C</b>	Contribution ID # <b>0302</b>
Residential Street Address <b>165 Northwood Dr</b>		City <b>Middlebury</b>		State <b>CT</b>	Zip Code <b>06762</b>
Principal Occupation <b>Nurse Practitioner</b>		Name of Employer <b>Danbury Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cutrali</b>		First <b>Bart</b>		MI <b>R</b>	Contribution ID # <b>0303</b>
Residential Street Address <b>165 Northwood Dr</b>		City <b>Middlebury</b>		State <b>CT</b>	Zip Code <b>06762</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>CH&amp;Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pyne, III</b>		First <b>Warner</b>		MI <b>C</b>	Contribution ID # <b>0304</b>
Residential Street Address <b>162 Center Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Technical Sales</b>		Name of Employer <b>NTT Data Services, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lockhart</b>		First <b>Karen</b>		MI <b>S</b>	Contribution ID # <b>0305</b>
Residential Street Address <b>949 Baldwin Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Secretary</b>		Name of Employer <b>Child &amp; Adolescent Health Care</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Cash, Jr		First Jim		MI R	Contribution ID # 0306
Residential Street Address 21 Michael Dr		City Guilford		State CT	Zip Code 06437
Principal Occupation Systems Administrator			Name of Employer MKTEK, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	
				Aggregate Contributions \$100.00	

Last Name Miley		First Matthew		MI E	Contribution ID # 0307
Residential Street Address 145 Canal St Unit 311		City Shelton		State CT	Zip Code 06484
Principal Occupation Safety Engineer			Name of Employer Hocon Gas		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	
				Aggregate Contributions \$100.00	

Last Name James		First Thomas		MI J	Contribution ID # 0308
Residential Street Address 49 Canale Hill Rd		City New Fairfield		State CT	Zip Code 06812
Principal Occupation Sales Manager			Name of Employer Hocon Gas		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	
				Aggregate Contributions \$100.00	

Last Name Russo		First Debra		MI CT	Contribution ID # 0309
Residential Street Address 18 Plum St		City Fairfield		State CT	Zip Code 06824
Principal Occupation retired			Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	
				Aggregate Contributions \$100.00	

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

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**B. Itemized Contributions from Individuals**

Last Name Townsend		First Alexandra		MI R	Contribution ID # 0310
Residential Street Address 55 Fairfield Woods Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation Sales		Name of Employer Royal Flush			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Arnow		First Kenneth		MI	Contribution ID # 0311
Residential Street Address 148 Rolling Wood Dr		City Stamford		State CT	Zip Code 06905
Principal Occupation Highway/Operations		Name of Employer Town of New Canaan			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Marpe		First James		MI	Contribution ID # 0253
Residential Street Address 57 Morningside Dr S		City Westport		State CT	Zip Code 06880
Principal Occupation First Selectman		Name of Employer Town of Westport			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Balestriere		First Phillip		MI	Contribution ID # 0254
Residential Street Address 20 Judy Ln		City Stamford		State CT	Zip Code 06906
Principal Occupation Property Mgmt		Name of Employer Self-Real Deal Estates, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 02/18/2017	Aggregate Contributions \$50.00	\$50.00



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Mikucki</b>		First <b>Mark</b>		MI <b>W</b>	Contribution ID # <b>0289</b>
Residential Street Address <b>9 Brookside Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Financial Consultant</b>		Name of Employer <b>Self-Mark W.Mikucki, ChFCCLU</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vetro</b>		First <b>Matthew</b>		MI <b>CT</b>	Contribution ID # <b>0272</b>
Residential Street Address <b>20 Scattergood Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Real Estate Developer</b>		Name of Employer <b>Self-Invest II</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Maffei</b>		First <b>Eileen</b>		MI <b>T</b>	Contribution ID # <b>0273</b>
Residential Street Address <b>5079 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Trumbull Bd of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Jenkins</b>		First <b>Jeffry</b>		MI <b>S</b>	Contribution ID # <b>0274</b>
Residential Street Address <b>9 Woodfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>DiMaria</b>		First <b>Frank</b>		MI <b>P</b>	Contribution ID # <b>0275</b>
Residential Street Address <b>35 Blackstone Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Self-F.P.DiMaria, CPA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Testani</b>		First <b>Harry</b>		MI <b>A</b>	Contribution ID # <b>0276</b>
Residential Street Address <b>104 Bassick Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mikucki</b>		First <b>Annette</b>		MI <b>S</b>	Contribution ID # <b>0277</b>
Residential Street Address <b>85 Canterbury Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Mazer</b>		First <b>Melvyn</b>		MI <b>S</b>	Contribution ID # <b>0278</b>
Residential Street Address <b>20 Dell Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Optometrist</b>		Name of Employer <b>MyEyeDr</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cobb</b>		First <b>Edwin</b>		MI <b>W</b>	Contribution ID # <b>0222</b>
Residential Street Address <b>25 Forest St Apt 5D</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901</b>
Principal Occupation <b>Creative Director</b>		Name of Employer <b>Ecco Bella</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shen</b>		First <b>Wende</b>		MI <b>NY</b>	Contribution ID # <b>0223</b>
Residential Street Address <b>141-26 77th Ave Apt 78A</b>		City <b>Flushing</b>		State <b>NY</b>	Zip Code <b>11367</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Zheng</b>		First <b>Junsong</b>		MI <b>NY</b>	Contribution ID # <b>0224</b>
Residential Street Address <b>141-26 77th Ave Apt 78A</b>		City <b>Flushing</b>		State <b>NY</b>	Zip Code <b>11367</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Shen</b>		First <b>Cheng (Amy)</b>		MI <b>C</b>	Contribution ID # <b>0225</b>
Residential Street Address <b>25 Forest St Apt 5D</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06901</b>
Principal Occupation <b>CRE Mortgage Consultant</b>		Name of Employer <b>Classic Comm'l Funding, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/19/2017</b>	Aggregate Contributions <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

Tim for Connecticut 2018

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ferrante</b>		First <b>John</b>		MI <b>J</b>	Contribution ID # <b>0271</b>
Residential Street Address <b>11 Fairway Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>consultant</b>		Name of Employer <b>Self-Operation Mgmt Consulting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Holbrook</b>		First <b>Sidney</b>		MI <b>J</b>	Contribution ID # <b>0261</b>
Residential Street Address <b>455 Essex Rd</b>		City <b>Westbrook</b>		State <b>CT</b>	Zip Code <b>06498</b>
Principal Occupation <b>Exec Director</b>		Name of Employer <b>GNHWPCA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/20/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Keegan</b>		First <b>Patricia</b>		MI <b>A</b>	Contribution ID # <b>0262</b>
Residential Street Address <b>438 Peddlers Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$75.00</b>

Last Name <b>Shamas</b>		First <b>Daniel</b>		MI <b>L</b>	Contribution ID # <b>0263</b>
Residential Street Address <b>7 Buddington Park</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kunkel</b>		First <b>Joel</b>		MI <b>W</b>	Contribution ID # <b>0264</b>
Residential Street Address <b>125 Teller Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Medical doctor</b>		Name of Employer <b>Med Now, PC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Krisak</b>		First <b>Mildred</b>		MI <b>CT</b>	Contribution ID # <b>0265</b>
Residential Street Address <b>5937 Main St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kokenos</b>		First <b>James</b>		MI <b>CT</b>	Contribution ID # <b>0266</b>
Residential Street Address <b>46 Treeland Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pellitteri</b>		First <b>Donna</b>		MI <b>M</b>	Contribution ID # <b>0267</b>
Residential Street Address <b>49 West St</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Tax Collector</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/22/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Rucci, Jr		First Joseph		MI J	Contribution ID # 0268
Residential Street Address 51 Norholt Dr		City New Canaan		State CT	Zip Code 06840
Principal Occupation attorney		Name of Employer Ricci Law Group, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/22/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Ciardiello		First Richard		MI CT	Contribution ID # 0269
Residential Street Address 3 Pole Bridge Ln		City Guilford		State CT	Zip Code 06437
Principal Occupation Ins Agent		Name of Employer Ciardiello Insurance Agency			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/22/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Reynold		First Tom		MI CT	Contribution ID # 0279
Residential Street Address 22 Oak Ridge Rd		City Haddam		State CT	Zip Code 06438
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/22/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Scianna, Sr		First John		MI J	Contribution ID # 0291
Residential Street Address 31 Wildrose Ln		City Trumbull		State CT	Zip Code 06611
Principal Occupation HVAC		Name of Employer Custom Air Systems			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 02/23/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Grossman</b>		First <b>Gay</b>		MI <b>R</b>	Contribution ID # <b>0292</b>
Residential Street Address <b>90 Bassick Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Marketing</b>		Name of Employer <b>Foundation Source</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Henley-Zwirz</b>		First <b>M.F.</b>		MI	Contribution ID # <b>0293</b>
Residential Street Address <b>5869 Pine Ridge Cir</b>		City <b>Vero Beach</b>		State <b>FL</b>	Zip Code <b>32967</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Johnson</b>		First <b>Lex</b>		MI	Contribution ID # <b>0294</b>
Residential Street Address <b>458 Martin Rd</b>		City <b>Hebron</b>		State <b>CT</b>	Zip Code <b>06248</b>
Principal Occupation <b>Supply Purchasing</b>		Name of Employer <b>Hocon Gas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>zhou</b>		First <b>shengfan</b>		MI	Contribution ID # <b>0252</b>
Residential Street Address <b>550 Prospect St # 15</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511</b>
Principal Occupation <b>statistician</b>		Name of Employer <b>Yale</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/24/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Perimenis</b>		First <b>Rory</b>		MI <b>T</b>	Contribution ID # <b>0229</b>
Residential Street Address <b>28 Mustang Dr</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Dentist</b>		Name of Employer <b>self-Rory T Perimenis DDS, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Perimenis</b>		First <b>Linda</b>		MI <b>A</b>	Contribution ID # <b>0230</b>
Residential Street Address <b>28 Mustang Dr</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>office Manager</b>		Name of Employer <b>Rory T PerimenisDDS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Loos</b>		First <b>Francis</b>		MI <b></b>	Contribution ID # <b>0316</b>
Residential Street Address <b>8 Cherry St</b>		City <b>Windsor Locks</b>		State <b>CT</b>	Zip Code <b>06096</b>
Principal Occupation <b>self-employed</b>		Name of Employer <b>Freight Inc. dba Seko Logistics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cummings</b>		First <b>William</b>		MI <b>J</b>	Contribution ID # <b>0317</b>
Residential Street Address <b>1511 Essex Rd</b>		City <b>Westbrook</b>		State <b>CT</b>	Zip Code <b>06498</b>
Principal Occupation <b>manager</b>		Name of Employer <b>Hocon Gas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>O'Neil</b>		First <b>Richard</b>		MI	Contribution ID # <b>0318</b>
Residential Street Address <b>396 Hard Hill Rd S</b>		City <b>Bethlehem</b>		State <b>CT</b>	Zip Code <b>06751</b>
Principal Occupation <b>General Manager</b>		Name of Employer <b>Hocon Gas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Arnow</b>		First <b>Michael</b>		MI	Contribution ID # <b>0319</b>
Residential Street Address <b>146 Rollingwood Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>construction</b>		Name of Employer <b>Dastoli Excating Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wilm</b>		First <b>Donath</b>		MI <b>E</b>	Contribution ID # <b>0320</b>
Residential Street Address <b>71 Straw Berry Hill Ave # 1021</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Gonzer Associates</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Burr</b>		First <b>George</b>		MI <b>H</b>	Contribution ID # <b>0285</b>
Residential Street Address <b>29 Sharon Dr</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cortina</b>		First <b>Cheryl</b>		MI <b>L</b>	Contribution ID # <b>0286</b>
Residential Street Address <b>11 Elmsted Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pereira</b>		First <b>Joe</b>		MI <b></b>	Contribution ID # <b>0287</b>
Residential Street Address <b>345 Isinglass Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Periera Engineering, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McBride</b>		First <b>Joseph</b>		MI <b>B</b>	Contribution ID # <b>0288</b>
Residential Street Address <b>7 Audubone Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Investment Financial Advisor</b>		Name of Employer <b>Resnick Advisors</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jenkins</b>		First <b>Julie</b>		MI <b>A</b>	Contribution ID # <b>0280</b>
Residential Street Address <b>9 Woodfield Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bartoli, Jr</b>		First <b>Daniel</b>		MI <b>N</b>	Contribution ID # <b>0281</b>
Residential Street Address <b>51 Hills Point Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Operations Mgr</b>		Name of Employer <b>T.Arduini Co, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rosasco Schwartz</b>		First <b>Lori</b>		MI <b></b>	Contribution ID # <b>0282</b>
Residential Street Address <b>29 High Ridge Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Asst Controller</b>		Name of Employer <b>Cartus</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Stilwagen</b>		First <b>Edward</b>		MI <b></b>	Contribution ID # <b>0270</b>
Residential Street Address <b>335 Westport Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>owner/operator</b>		Name of Employer <b>Atlantic Clam Farms of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McCommas</b>		First <b>John</b>		MI <b>R</b>	Contribution ID # <b>0510</b>
Residential Street Address <b>29 Kathleen Dr Unit 7A</b>		City <b>Willimantic</b>		State <b>CT</b>	Zip Code <b>06226</b>
Principal Occupation <b>Custodian</b>		Name of Employer <b>Rite Aid</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Centopani</b>		First <b>Evan</b>		MI <b>M</b>	Contribution ID # <b>0248</b>
Residential Street Address <b>277 Unity Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Trainer</b>		Name of Employer <b>Self Employed-Iron Intelligence</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ding</b>		First <b>Fanfei</b>		MI <b>CT</b>	Contribution ID # <b>0249</b>
Residential Street Address <b>42 Berkshire Dr</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Buyer</b>		Name of Employer <b>Medtronic</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$30.00</b>	<b>\$30.00</b>

Last Name <b>Nelson</b>		First <b>Daniel</b>		MI <b>CT</b>	Contribution ID # <b>0250</b>
Residential Street Address <b>15 Pond St</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Owner/Operator</b>		Name of Employer <b>Metropolitan Stone &amp; Tile Restoration LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Li</b>		First <b>Joseph</b>		MI <b>CT</b>	Contribution ID # <b>0251</b>
Residential Street Address <b>132 Long Lots Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/26/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pires</b>	First <b>Maria</b>	MI <b>T</b>	Contribution ID # <b>0220</b>
Residential Street Address <b>36 Garder Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Accountant</b>	Name of Employer <b>Town of trumbull</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/27/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Poturnicki</b>	First <b>Mary</b>	MI <b>E</b>	Contribution ID # <b>0231</b>
Residential Street Address <b>78 Barnshed Ln</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Petracca, Jr</b>	First <b>Luca</b>	MI <b>j</b>	Contribution ID # <b>0232</b>
Residential Street Address <b>5 Laura Ave</b>	City <b>Prospect</b>	State <b>CT</b>	Zip Code <b>06712</b>
Principal Occupation <b>Engineer</b>	Name of Employer <b>Earth Core Energy Services</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>qian</b>	First <b>zhen</b>	MI	Contribution ID # <b>0233</b>
Residential Street Address <b>71 Lynam Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Statistician</b>	Name of Employer <b>Acorda Therapeutics</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>He</b>		First <b>Jianchun</b>		MI	Contribution ID # <b>0234</b>
Residential Street Address <b>154 Ansonia Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>research</b>		Name of Employer <b>Yale University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Castaldo</b>		First <b>Kristine</b>		MI <b>L</b>	Contribution ID # <b>0235</b>
Residential Street Address <b>115 Porters Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Easton boe</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>zhou</b>		First <b>shengfan</b>		MI	Contribution ID # <b>0236</b>
Residential Street Address <b>550 Prospect St # 15</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511</b>
Principal Occupation <b>Statistician</b>		Name of Employer <b>Yale</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$95.00</b>

Last Name <b>Herrmann</b>		First <b>Thomas</b>		MI <b>A</b>	Contribution ID # <b>0237</b>
Residential Street Address <b>75 Kellers Farm Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Private Equity</b>		Name of Employer <b>Stanwich Partners</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Massaro</b>		First <b>Carl</b>		MI	Contribution ID # <b>0238</b>
Residential Street Address <b>61 Wedgewood Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>self-Carl Massaro, Attorney</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Caron</b>		First <b>Matthew</b>		MI <b>E</b>	Contribution ID # <b>0239</b>
Residential Street Address <b>4391 Madison Ave .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Director of Operations</b>		Name of Employer <b>Feldco Development Corp.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lewis</b>		First <b>Gerri</b>		MI	Contribution ID # <b>0241</b>
Residential Street Address <b>519 Main St</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475</b>
Principal Occupation <b>Paralegal</b>		Name of Employer <b>Town of Old Saybrook</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Bollettieri</b>		First <b>Patricia</b>		MI	Contribution ID # <b>0242</b>
Residential Street Address <b>215 West Walk</b>		City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Palmer</b>		First <b>Donald</b>		MI	Contribution ID # <b>0244</b>
Residential Street Address <b>97 Overlook Dr</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042</b>
Principal Occupation <b>engineer</b>		Name of Employer <b>United Technologies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$10.00</b>	<b>\$10.00</b>

Last Name <b>Travisano</b>		First <b>Michael</b>		MI	Contribution ID # <b>0245</b>
Residential Street Address <b>9 Copper Kettle Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06622</b>
Principal Occupation <b>Doctor</b>		Name of Employer <b>Self, Yale Podiatry group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Testani</b>		First <b>Suzanne</b>		MI <b>S</b>	Contribution ID # <b>0247</b>
Residential Street Address <b>50 Cranbury Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Program Coordinator</b>		Name of Employer <b>Town of Greenwich, CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Preusch</b>		First <b>Sharon</b>		MI <b>L</b>	Contribution ID # <b>0228</b>
Residential Street Address <b>19 Woodcrest Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ferrigno</b>		First <b>Grace</b>		MI <b>P</b>	Contribution ID # <b>0290</b>
Residential Street Address <b>35 Briarwoods Ter</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ball</b>		First <b>David</b>		MI <b>A</b>	Contribution ID # <b>0299</b>
Residential Street Address <b>70 Asmara Way</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Cohen &amp; Wolf</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Croll</b>		First <b>Hugh</b>		MI	Contribution ID # <b>0983</b>
Residential Street Address <b>183 Banks Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>02/28/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Arnrow</b>		First <b>Lynn</b>		MI	Contribution ID # <b>0312</b>
Residential Street Address <b>148 Rolling Wood Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>Chief of Staff</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <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

Tim for Connecticut 2018

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Malone</b>		First <b>William</b>		MI <b>A</b>	Contribution ID # <b>0313</b>
Residential Street Address <b>260 Milbank Ave</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Self-Malone Investments</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cerreta</b>		First <b>Michael</b>		MI <b>A</b>	Contribution ID # <b>0410</b>
Residential Street Address <b>500 Cutlers Farm Rd .</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Developer</b>		Name of Employer <b>Cerreta Builders</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Domizio</b>		First <b>Stephen</b>		MI <b>C</b>	Contribution ID # <b>0411</b>
Residential Street Address <b>20 Cider Mill Ln</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Partner</b>		Name of Employer <b>Connecticut Precast Corp.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Misner</b>		First <b>Dan</b>		MI <b></b>	Contribution ID # <b>0418</b>
Residential Street Address <b>73 Stoneleigh Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Vice President</b>		Name of Employer <b>Goldman Sachs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mills</b>		First <b>Ronald</b>		MI <b>E</b>	Contribution ID # <b>0471</b>
Residential Street Address <b>50 Wendover Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>maintainance</b>		Name of Employer <b>Norwalk Board of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mullarkey</b>		First <b>Amy</b>		MI <b>CT</b>	Contribution ID # <b>0463</b>
Residential Street Address <b>57 Thornridge Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Registered nurse</b>		Name of Employer <b>Diagnostic Endoscopy Center</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Misner</b>		First <b>Dana</b>		MI <b>CT</b>	Contribution ID # <b>0447</b>
Residential Street Address <b>73 Stoneleigh Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Executive Director</b>		Name of Employer <b>UBS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Ding</b>		First <b>Junqi</b>		MI <b>CT</b>	Contribution ID # <b>0448</b>
Residential Street Address <b>15 Spring Valley Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>Unilever R&amp;D</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/01/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Wright</b>		First <b>Jeffrey</b>		MI	Contribution ID # <b>0437</b>
Residential Street Address <b>1925 Huntington Tpke</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>self, J.A. Wright &amp; Co,Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mascia, Jr</b>		First <b>Alfred</b>		MI <b>J</b>	Contribution ID # <b>0442</b>
Residential Street Address <b>45 Colony Rd</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Civil Engineer</b>		Name of Employer <b>Tighe &amp; Bond</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Richer</b>		First <b>Jonathan</b>		MI	Contribution ID # <b>0443</b>
Residential Street Address <b>3 Founders Way</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Civil Engineer</b>		Name of Employer <b>Tighe &amp; Bond</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Yannes</b>		First <b>Craig</b>		MI	Contribution ID # <b>0444</b>
Residential Street Address <b>29 Alden Pl</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Transportation Engineer</b>		Name of Employer <b>Tighe &amp; Bond</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Howell</b>		First <b>Brett</b>		MI	Contribution ID # <b>0446</b>
Residential Street Address <b>81 Milford Point Rd</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Pilot</b>		Name of Employer <b>Tradewind</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Giacobbe</b>		First <b>Maria</b>		MI <b>J</b>	Contribution ID # <b>0506</b>
Residential Street Address <b>348 Old Zoar Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Nutrition Center</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dey</b>		First <b>Deirdre</b>		MI	Contribution ID # <b>0412</b>
Residential Street Address <b>60 Richard Sweet Dr</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Danforth Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Falcigno</b>		First <b>Longdana</b>		MI	Contribution ID # <b>0424</b>
Residential Street Address <b>26 Dillon Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Lavoie</b>		First <b>Paul</b>		MI	Contribution ID # <b>0409</b>
Residential Street Address <b>117 Meadowview Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales and Marketing</b>		Name of Employer <b>Carey Manufacturing</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Arnold</b>		First <b>Martin</b>		MI	Contribution ID # <b>0428</b>
Residential Street Address <b>119 Jasmine Cir</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Bella</b>		First <b>Edward</b>		MI <b>J</b>	Contribution ID # <b>0429</b>
Residential Street Address <b>13 Dale Pl</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06906</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Falcigno</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0430</b>
Residential Street Address <b>26 Dillon Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
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**B. Itemized Contributions from Individuals**

Last Name <b>Galloway</b>		First <b>Patricia</b>		MI <b>M</b>	Contribution ID # <b>0431</b>
Residential Street Address <b>65 Bonnie View Dr .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DiGennaro</b>		First <b>Philip</b>		MI <b></b>	Contribution ID # <b>0515</b>
Residential Street Address <b>50 Stone Rdg</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Real Estate Developer</b>		Name of Employer <b>Sound Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>LaConte, Jr</b>		First <b>Lawrence</b>		MI <b>J</b>	Contribution ID # <b>0321</b>
Residential Street Address <b>389 Booth Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>restaurant owner</b>		Name of Employer <b>Wind Mill Tavern</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Abriola</b>		First <b>James</b>		MI <b>S</b>	Contribution ID # <b>0322</b>
Residential Street Address <b>51 Ironwood Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Funeral Home Manager</b>		Name of Employer <b>Abriola Parkview Funeral Home</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Gadus</b>		First <b>William</b>		MI <b>C</b>	Contribution ID # <b>0323</b>
Residential Street Address <b>325 N Bishop Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Healy</b>		First <b>Christopher</b>		MI <b>C</b>	Contribution ID # <b>0324</b>
Residential Street Address <b>27 Dorchester Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109</b>
Principal Occupation <b>Legislative Aid</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marucci</b>		First <b>Catherine</b>		MI <b>CT</b>	Contribution ID # <b>0325</b>
Residential Street Address <b>22B Seabreeze Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>hair stylist</b>		Name of Employer <b>W Salon</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>03022017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>LaConte</b>		First <b>Lawrence</b>		MI <b>CT</b>	Contribution ID # <b>0326</b>
Residential Street Address <b>1349 Huntington Tpke</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>03022017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pace, Jr</b>	First <b>Lawrence</b>	MI <b>F</b>	Contribution ID # <b>0327</b>
Residential Street Address <b>655 Resevoire Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Contractor</b>	Name of Employer <b>ASL Contracting, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Matthews</b>	First <b>John</b>	MI <b>F</b>	Contribution ID # <b>0328</b>
Residential Street Address <b>208 Algonquin Trl</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>	Name of Employer <b>Trumbull Bd of Ed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Bisciglia</b>	First <b>Michael</b>	MI <b>C</b>	Contribution ID # <b>0329</b>
Residential Street Address <b>19 Drew Cir</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Westerlund</b>	First <b>Robert</b>	MI <b>A</b>	Contribution ID # <b>0330</b>
Residential Street Address <b>311 Schoolside Ln</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Portanova</b>		First <b>Daniel</b>		MI <b>D</b>	Contribution ID # <b>0331</b>
Residential Street Address <b>95 Teller Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Portanova Rutigliano LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pannese</b>		First <b>Danny</b>		MI <b>A</b>	Contribution ID # <b>0332</b>
Residential Street Address <b>10 Lafayette Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Sacred Heart University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Triche</b>		First <b>Bernie</b>		MI <b>R</b>	Contribution ID # <b>0333</b>
Residential Street Address <b>311 Schoolside Ln</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Great Harbor Gallery</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dwyer</b>		First <b>Kristine</b>		MI <b>CT</b>	Contribution ID # <b>0334</b>
Residential Street Address <b>2491 Broadbridge Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Catering</b>		Name of Employer <b>Vazzy's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Halapin</b>		First <b>Brian</b>		MI	Contribution ID # <b>0335</b>
Residential Street Address <b>23 Blake Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Rader Industries</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wetmore</b>		First <b>Lynn</b>		MI <b>D</b>	Contribution ID # <b>0336</b>
Residential Street Address <b>4 Shelton Ter</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wetmore</b>		First <b>Edward</b>		MI <b>C</b>	Contribution ID # <b>0337</b>
Residential Street Address <b>4 Shelton Ter</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Corporate Lawyer</b>		Name of Employer <b>Amphenol Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rossomando</b>		First <b>Gilbert</b>		MI	Contribution ID # <b>0338</b>
Residential Street Address <b>83 Red Barn Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>President</b>		Name of Employer <b>Lindley Food Service</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>McGorty</b>		First <b>Bernard</b>		MI	Contribution ID # <b>0339</b>
Residential Street Address <b>30 Wigwam Dr</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>William Raveis Real Estate</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rossomando</b>		First <b>Ryan</b>		MI	Contribution ID # <b>0340</b>
Residential Street Address <b>83 Red Barn Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Resource manager</b>		Name of Employer <b>Lindley Acquisition Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Nicola</b>		First <b>Robert</b>		MI <b>J</b>	Contribution ID # <b>0341</b>
Residential Street Address <b>480 Rock House Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Owen, Schine &amp; Nicola</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Figmic</b>		First <b>Joseph</b>		MI <b>R</b>	Contribution ID # <b>0342</b>
Residential Street Address <b>255 York St</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Re/Max Right Choice</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Giacobbe</b>		First <b>Kevin</b>		MI <b>J</b>	Contribution ID # <b>0343</b>
Residential Street Address <b>348 Old Zoar Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Foreman</b>		Name of Employer <b>Park City Const</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gulick</b>		First <b>David</b>		MI <b>CT</b>	Contribution ID # <b>0344</b>
Residential Street Address <b>8 Brook Ln</b>		City <b>Wolcott</b>		State <b>CT</b>	Zip Code <b>06716</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Trefz</b>		First <b>Christian</b>		MI <b>CT</b>	Contribution ID # <b>0345</b>
Residential Street Address <b>140 Driftwood Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>President</b>		Name of Employer <b>Trefz Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Paris</b>		First <b>Charles</b>		MI <b>J</b>	Contribution ID # <b>0346</b>
Residential Street Address <b>13 Barry Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Police Sergeant</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Viglione-Paris</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>0347</b>
Residential Street Address <b>13 Barry Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pezzella</b>		First <b>Vincent</b>		MI <b>E</b>	Contribution ID # <b>0348</b>
Residential Street Address <b>226 Church Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Food Distributor</b>		Name of Employer <b>VTV Wholesale Provisions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vazzano</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0349</b>
Residential Street Address <b>2456 Huntington Tnpk</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Catering</b>		Name of Employer <b>Vazzy's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vazzano</b>		First <b>Heidi</b>		MI	Contribution ID # <b>0350</b>
Residential Street Address <b>1395 Huntington Tnpk</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Registrar</b>		Name of Employer <b>St Vincent's Medical Center</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Vazzano</b>		First <b>John</b>		MI <b>J</b>	Contribution ID # <b>0351</b>
Residential Street Address <b>1395 Huntington Tnpk</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Vazzy's Restaurant</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Carroll</b>		First <b>Megan</b>		MI <b>CT</b>	Contribution ID # <b>0352</b>
Residential Street Address <b>255 Pumpkin Ground Rd</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Stay at Home mom</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mallone</b>		First <b>Larry</b>		MI <b>CT</b>	Contribution ID # <b>0353</b>
Residential Street Address <b>22 Mohawk Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Appraiser</b>		Name of Employer <b>M&amp;F Auto</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DiMarco</b>		First <b>John</b>		MI <b>CT</b>	Contribution ID # <b>0354</b>
Residential Street Address <b>25 Craig Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Baker</b>		Name of Employer <b>Self-Luigi's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Moretti</b>		First <b>Michael</b>		MI	Contribution ID # <b>0355</b>
Residential Street Address <b>181 Rocton Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>City Sheriff</b>		Name of Employer <b>Sheriff of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Palmieri, Jr</b>		First <b>Augustine</b>		MI <b>J</b>	Contribution ID # <b>0356</b>
Residential Street Address <b>18 White Oak Farm Rd</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470</b>
Principal Occupation <b>Architect</b>		Name of Employer <b>Fletcher Thompson</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cocco</b>		First <b>Angelo</b>		MI <b>A</b>	Contribution ID # <b>0357</b>
Residential Street Address <b>337 Northfield Dr</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Magliocco</b>		First <b>Angelo</b>		MI <b>CT</b>	Contribution ID # <b>0358</b>
Residential Street Address <b>49 Harvester Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Mason/Landscaper</b>		Name of Employer <b>Self-Artistic Designs, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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**B. Itemized Contributions from Individuals**

Last Name <b>Costantini</b>		First <b>Enrico</b>		MI	Contribution ID # <b>0359</b>
Residential Street Address <b>5 Barry Pl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Halloran &amp; Sage, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ranocchia</b>		First <b>Michael</b>		MI	Contribution ID # <b>0360</b>
Residential Street Address <b>71 Barbara Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>Michael Anthony Contracting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Callahan</b>		First <b>Darin</b>		MI <b>L</b>	Contribution ID # <b>0361</b>
Residential Street Address <b>231 North St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Owen, Schine &amp; Nicola</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mercado</b>		First <b>Richard</b>		MI	Contribution ID # <b>0362</b>
Residential Street Address <b>30 Rayo Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Police Officer</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Ranocchia</b>		First <b>Daniel</b>		MI <b>E</b>	Contribution ID # <b>0363</b>
Residential Street Address <b>26 Pondview Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Higgins Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Eaton</b>		First <b>Michael</b>		MI <b>R</b>	Contribution ID # <b>0364</b>
Residential Street Address <b>90 Osborn Ln</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Maintainer II</b>		Name of Employer <b>Trumbull Dept of Public Works</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hawker</b>		First <b>Stephanie</b>		MI <b></b>	Contribution ID # <b>0365</b>
Residential Street Address <b>90 Osborn Ln</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Vet Assistant</b>		Name of Employer <b>Countryside Vet</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Thomas</b>		First <b>Lukas</b>		MI <b>J</b>	Contribution ID # <b>0367</b>
Residential Street Address <b>1230 Merritt St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Owen, Schine &amp; Nicola</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>PETRIELLO</b>		First <b>KEVIN</b>		MI	Contribution ID # <b>0368</b>
Residential Street Address <b>54 Pert St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>maintenance</b>		Name of Employer <b>TOT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Canas, Jr</b>		First <b>Joseph</b>		MI <b>A</b>	Contribution ID # <b>0369</b>
Residential Street Address <b>105 Mountain Rd</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>civil engineer</b>		Name of Employer <b>Tighe &amp; Bond</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Costantini</b>		First <b>Lino</b>		MI	Contribution ID # <b>0370</b>
Residential Street Address <b>2360 Huntington Tnpk</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Benson</b>		First <b>James</b>		MI	Contribution ID # <b>0371</b>
Residential Street Address <b>235 Pilgrim Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Agent/Principal</b>		Name of Employer <b>Merit Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Benson</b>		First <b>Mary Beth</b>		MI	Contribution ID # <b>0372</b>
Residential Street Address <b>235 Pilgrim Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>none</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Tomchik</b>		First <b>James</b>		MI <b>F</b>	Contribution ID # <b>0373</b>
Residential Street Address <b>183 Ocean Ave</b>		City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Merit Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Foote</b>		First <b>James</b>		MI <b>W</b>	Contribution ID # <b>0374</b>
Residential Street Address <b>78 Mountain Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Driver</b>		Name of Employer <b>Enterprise Holding</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Palmieri</b>		First <b>Antonio</b>		MI	Contribution ID # <b>0375</b>
Residential Street Address <b>8 Smith Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kanios</b>	First <b>Michael</b>	MI <b>F</b>	Contribution ID # <b>0376</b>
Residential Street Address <b>16 Poe Pl</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Intern</b>	Name of Employer <b>Worx Branding</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Napoli</b>	First <b>Joey</b>	MI <b></b>	Contribution ID # <b>0377</b>
Residential Street Address <b>41 Beaver Brook Rd</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>Sales Manager</b>	Name of Employer <b>Napoli Auto Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Marcoccia</b>	First <b>Maria</b>	MI <b></b>	Contribution ID # <b>0378</b>
Residential Street Address <b>72 Heather Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>teacher</b>	Name of Employer <b>Self-School Days Preschool</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Marcoccia</b>	First <b>Adriano</b>	MI <b></b>	Contribution ID # <b>0379</b>
Residential Street Address <b>72 Heather Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Testi		First Rocco		MI	Contribution ID # 0380
Residential Street Address 92 Thoreau Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Detective		Name of Employer Town of Trumbull			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03022017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/02/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Rotondo		First Tony		MI	Contribution ID # 0381
Residential Street Address 94A Crabapple Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Mechanic		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03022017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/02/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Henning		First Matt		MI	Contribution ID # 0382
Residential Street Address 29 Deep Gorge Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Sales		Name of Employer Oracle America Inc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03022017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/02/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Mercado		First Ronald		MI	Contribution ID # 0383
Residential Street Address 26 Francis St		City Trumbull		State CT	Zip Code 06611
Principal Occupation Police Officer		Name of Employer City of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03022017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/02/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Stewart</b>	First <b>Kasandra</b>	MI	Contribution ID # <b>0384</b>
Residential Street Address <b>55 Normandy Rd</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Miko</b>	First <b>John</b>	MI	Contribution ID # <b>0385</b>
Residential Street Address <b>145 Canal St E Unit 517</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>workman's comp</b>	Name of Employer <b>Merritt Construction</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Manzione</b>	First <b>Anthony</b>	MI	Contribution ID # <b>0386</b>
Residential Street Address <b>28 Fox Ln</b>	City <b>Durham</b>	State <b>CT</b>	Zip Code <b>06422</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Tilt</b>	First <b>Ted</b>	MI	Contribution ID # <b>0387</b>
Residential Street Address <b>16 Prospect Ave</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Land Mgmt</b>	Name of Employer <b>Artistic Designs</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>DelRe III</b>		First <b>Michael</b>		MI	Contribution ID # <b>0388</b>
Residential Street Address <b>19 Meadow Woods Rd</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Managing Partner</b>			Name of Employer <b>Financial Network Ltd</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	
		Aggregate Contributions <b>\$100.00</b>			

Last Name <b>Lancor</b>		First <b>Diane</b>		MI	Contribution ID # <b>0389</b>
Residential Street Address <b>349 Luna Trl</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>Engineer</b>			Name of Employer <b>DYMAR</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	
		Aggregate Contributions <b>\$100.00</b>			

Last Name <b>Picarazzi</b>		First <b>Carolina</b>		MI	Contribution ID # <b>0390</b>
Residential Street Address <b>17 Cottontail Trl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>			Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	
		Aggregate Contributions <b>\$100.00</b>			

Last Name <b>Colandrea</b>		First <b>Lorella</b>		MI	Contribution ID # <b>0391</b>
Residential Street Address <b>4773 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Rest Owner</b>			Name of Employer <b>Massaro's Restaurant</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	
		Aggregate Contributions <b>\$100.00</b>			



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Colandrea</b>		First <b>Massimo</b>		MI	Contribution ID # <b>0392</b>
Residential Street Address <b>4773 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Rest Owner</b>		Name of Employer <b>Massaro's Restaurant</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gulick</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0393</b>
Residential Street Address <b>729 Whittemore Rd</b>		City <b>Middlebury</b>		State <b>CT</b>	Zip Code <b>06762</b>
Principal Occupation <b>student</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Julian</b>		First <b>Jason</b>		MI <b>B</b>	Contribution ID # <b>0394</b>
Residential Street Address <b>69 Turkey Roost Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Real Estate &amp; Contruction</b>		Name of Employer <b>Julian Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Julian</b>		First <b>Tammy</b>		MI <b>B</b>	Contribution ID # <b>0396</b>
Residential Street Address <b>69 Turkey Roost Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Stay at Home mom</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Manzione</b>	First <b>Matthew</b>	MI	Contribution ID # <b>0397</b>
Residential Street Address <b>10 Avolet Ct</b>	City <b>Mount Sinai</b>	State <b>NY</b>	Zip Code <b>11766</b>
Principal Occupation <b>Sales</b>	Name of Employer <b>Astrazeneca</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Simone</b>	First <b>John</b>	MI	Contribution ID # <b>0398</b>
Residential Street Address <b>36 Green Meadow Rd</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>Sales</b>	Name of Employer <b>Sanofi</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Giannone</b>	First <b>Alex</b>	MI	Contribution ID # <b>0399</b>
Residential Street Address <b>63 Towne Dr</b>	City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Legal-Law Enforcement</b>	Name of Employer <b>State of CT</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>McCarthy</b>	First <b>Jim</b>	MI <b>F</b>	Contribution ID # <b>0400</b>
Residential Street Address <b>11 Adirondack Trl</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Welder</b>	Name of Employer <b>MAC Industrial Ser</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Massaro</b>	First <b>Cal</b>	MI	Contribution ID # <b>0402</b>
Residential Street Address <b>88 Towerview Dr</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Realtor</b>	Name of Employer <b>Coldwell Banker</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Julian</b>	First <b>Andrew</b>	MI <b>C</b>	Contribution ID # <b>0403</b>
Residential Street Address <b>69 Turkey Roost Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Julian Enterprise</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Patrick</b>	First <b>Jonathan</b>	MI	Contribution ID # <b>0404</b>
Residential Street Address <b>1 Brookfield Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Director of Operations</b>	Name of Employer <b>Julian Enterprise</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Bigley</b>	First <b>David</b>	MI	Contribution ID # <b>0405</b>
Residential Street Address <b>230 Judith Ter</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Mortgage Broker</b>	Name of Employer <b>Main St Mortgage, LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Giamei</b>		First <b>Lina</b>		MI	Contribution ID # <b>0406</b>
Residential Street Address <b>423 Erwin St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>lee</b>		First <b>douglas</b>		MI	Contribution ID # <b>0407</b>
Residential Street Address <b>34 Old Hollow Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>sales</b>		Name of Employer <b>ansel label</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McCarthy</b>		First <b>Lyn</b>		MI <b>F</b>	Contribution ID # <b>0984</b>
Residential Street Address <b>11 Adirondack Trl</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06616</b>
Principal Occupation <b>Administrator</b>		Name of Employer <b>St. Vincents Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Murphy</b>		First <b>Megan</b>		MI <b>M</b>	Contribution ID # <b>0985</b>
Residential Street Address <b>54 Old Tree Farm Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Fire Marshall</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Coppola</b>		First <b>Robert</b>		MI	Contribution ID # <b>0987</b>
Residential Street Address <b>11 Morning Mist Dr</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Police Sergeant</b>		Name of Employer <b>Trumbull Police Dept</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/02/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Zablocky</b>		First <b>Patricia</b>		MI	Contribution ID # <b>0986</b>
Residential Street Address <b>495 Cases Ln</b>		City <b>Cutchogue</b>		State <b>NY</b>	Zip Code <b>11935-2008</b>
Principal Occupation <b>Project Manager</b>		Name of Employer <b>UnitedHealth</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Caron</b>		First <b>Matthew</b>		MI <b>E</b>	Contribution ID # <b>0978</b>
Residential Street Address <b>4391 Madison Ave .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Director of Operations</b>		Name of Employer <b>Feldco Development Corp.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Giannini</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0432</b>
Residential Street Address <b>423 Erwin St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Dey</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0414</b>
Residential Street Address <b>60 Richard Sweet Dr</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Dey Smith Steele, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Egri</b>		First <b>Karen</b>		MI <b>A</b>	Contribution ID # <b>0420</b>
Residential Street Address <b>1 Morningside Ter</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Corporate Trainer</b>		Name of Employer <b>IRI Worldwide</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>You</b>		First <b>Roy</b>		MI	Contribution ID # <b>0421</b>
Residential Street Address <b>628 Valley Rd .</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Risk manager</b>		Name of Employer <b>J. P. Morgan asset management</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Jain</b>		First <b>Neal</b>		MI	Contribution ID # <b>0436</b>
Residential Street Address <b>95 Sawyer Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Land Surveyor</b>		Name of Employer <b>Self, Land Surveying Services, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Capuano</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0440</b>
Residential Street Address <b>180 Flagler Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>excavation</b>		Name of Employer <b>self-Capuano Construction, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Deming</b>		First <b>Mark</b>		MI <b>J</b>	Contribution ID # <b>0445</b>
Residential Street Address <b>8A Seabreeze Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Facilities, Bd of Ed</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mosessian</b>		First <b>George</b>		MI <b>M</b>	Contribution ID # <b>0434</b>
Residential Street Address <b>204A Windgate Cir</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/03/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Shao</b>		First <b>Gloria</b>		MI	Contribution ID # <b>0422</b>
Residential Street Address <b>15 7th St Unit 1</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Keller Williams</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03022017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/04/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lang		First Jim		MI	Contribution ID # 0433
Residential Street Address 24 Primrose Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/04/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Swan, Sr		First Raymond		MI E	Contribution ID # 0427
Residential Street Address 1 White Oak Dr .		City Clinton		State CT	Zip Code 06413
Principal Occupation President		Name of Employer R.E.S Woodworking			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03222017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/04/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Xia		First Zehua		MI	Contribution ID # 0425
Residential Street Address 847 Bayberry Ln		City Orange		State CT	Zip Code 06477
Principal Occupation Analyst		Name of Employer Pitney Bowes Inc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/05/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Villani, Jr		First Joseph		MI A	Contribution ID # 0426
Residential Street Address 151 Claremont Ave		City Montclair		State NJ	Zip Code 07042
Principal Occupation Attorney		Name of Employer PSEG			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/05/2017	Aggregate Contributions \$100.00	\$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Tian		First Wenlai		MI	Contribution ID # 0415
Residential Street Address 280 Bittersweet Rd		City Orange		State CT	Zip Code 06477
Principal Occupation Software engineer		Name of Employer Environmental products corporation			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/05/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Chen		First Weikan		MI	Contribution ID # 0441
Residential Street Address 47 Columbine Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Market Associate		Name of Employer Sysco			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/05/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Li		First Hongjie		MI	Contribution ID # 0408
Residential Street Address 48 Tyler City Rd		City Orange		State CT	Zip Code 06477
Principal Occupation Physician		Name of Employer Bridgeport Anesthesia associates			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/05/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Sun		First Pei		MI	Contribution ID # 0438
Residential Street Address 39 Turkey Hill Rd		City Durham		State CT	Zip Code 06422
Principal Occupation Physician		Name of Employer Self, Pei Sun MD. LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/06/2017	Aggregate Contributions \$98.00	\$98.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pappas</b>		First <b>John</b>		MI <b>C</b>	Contribution ID # <b>0417</b>
Residential Street Address <b>85 Botsford Pl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Communications</b>		Name of Employer <b>Financial Accounting Foundation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/06/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Casasanta</b>		First <b>Michael</b>		MI <b></b>	Contribution ID # <b>0419</b>
Residential Street Address <b>217 Whitewood Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Finance Director</b>		Name of Employer <b>Greater Hartford Legal Aid</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/06/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Giacobbe</b>		First <b>Joseph</b>		MI <b></b>	Contribution ID # <b>0531</b>
Residential Street Address <b>90 Arden Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner/carpenter</b>		Name of Employer <b>Self-Giacobbe Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/06/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Beeman</b>		First <b>Mary</b>		MI <b>E</b>	Contribution ID # <b>0977</b>
Residential Street Address <b>39 Boston St</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Office Manager</b>		Name of Employer <b>Nelson Edwards Architects</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/06/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$50.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Tim for Connecticut 2018

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Perkins</b>		First <b>Michael</b>		MI	Contribution ID # <b>0517</b>
Residential Street Address <b>41 Calhoun Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Real Estate Developer</b>		Name of Employer <b>Sound Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Davis</b>		First <b>Michele</b>		MI	Contribution ID # <b>0514</b>
Residential Street Address <b>11 Valleyview Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Controller</b>		Name of Employer <b>Sound Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Thiele</b>		First <b>Steve</b>		MI	Contribution ID # <b>0439</b>
Residential Street Address <b>88 Rushforde Dr</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06040</b>
Principal Occupation <b>Chiropractor</b>		Name of Employer <b>Self, Thiele chiropractic</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

  

Last Name <b>liu</b>		First <b>yan</b>		MI	Contribution ID # <b>0435</b>
Residential Street Address <b>600 Cook Hill Rd</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>senior analyst</b>		Name of Employer <b>Sapient</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Chen</b>		First <b>Hang</b>		MI	Contribution ID # <b>0500</b>
Residential Street Address <b>111 Spring Water Ln</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Paralegal</b>		Name of Employer <b>Rosenblum Newfield</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$75.00</b>

Last Name <b>lombardi</b>		First <b>tom</b>		MI	Contribution ID # <b>0501</b>
Residential Street Address <b>197 Diana Rd</b>		City <b>Plantsville</b>		State <b>CT</b>	Zip Code <b>06479</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Supreme Group, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>DeLibro</b>		First <b>Danielle</b>		MI	Contribution ID # <b>0502</b>
Residential Street Address <b>14 McGuire Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Mitigation/Repair Services</b>		Name of Employer <b>SERVPRO of Milford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/07/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Li</b>		First <b>Michelle</b>		MI	Contribution ID # <b>0485</b>
Residential Street Address <b>51 Blueberry Ln</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Investment</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Yang</b>		First <b>Bo</b>		MI	Contribution ID # <b>0487</b>
Residential Street Address <b>109 Brookside Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Information Technology</b>		Name of Employer <b>SS&amp;C Technologies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Rauso</b>		First <b>Caterina</b>		MI	Contribution ID # <b>0499</b>
Residential Street Address <b>9 Jamestown Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Tax Clerk</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Herrmann</b>		First <b>Carolyn</b>		MI <b>A</b>	Contribution ID # <b>0464</b>
Residential Street Address <b>75 Kellers Farm Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>housewife</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rae</b>		First <b>Katherine</b>		MI	Contribution ID # <b>0465</b>
Residential Street Address <b>748 Opening Hill Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>co-owner</b>		Name of Employer <b>ERA Wire, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Moffitt</b>		First <b>Jean</b>		MI <b>H</b>	Contribution ID # <b>0466</b>
Residential Street Address <b>207 Southport Woods Dr</b>		City <b>Southport</b>		State <b>CT</b>	Zip Code <b>06890</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Betar</b>		First <b>John</b>		MI <b>G</b>	Contribution ID # <b>0467</b>
Residential Street Address <b>1907 Fairfield Beach Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lively</b>		First <b>Marlin</b>		MI <b>J</b>	Contribution ID # <b>0468</b>
Residential Street Address <b>581 Whitney Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pollak</b>		First <b>Andrew</b>		MI <b>J</b>	Contribution ID # <b>0469</b>
Residential Street Address <b>27 Dolbia Hill Rd</b>		City <b>East Haddam</b>		State <b>CT</b>	Zip Code <b>06423</b>
Principal Occupation <b>retired</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Becker</b>		First <b>Linda</b>		MI <b>D</b>	Contribution ID # <b>0784</b>
Residential Street Address <b>138 Mediterranean Ln</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>retired</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hsieh</b>		First <b>Yihung</b>		MI <b>NY</b>	Contribution ID # <b>0794</b>
Residential Street Address <b>37-20 103rd St</b>		City <b>Corona</b>		State <b>NY</b>	Zip Code <b>11367</b>
Principal Occupation		Name of Employer <b>NYTH Cleaning Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chen</b>		First <b>Wijun</b>		MI <b>NY</b>	Contribution ID # <b>0792</b>
Residential Street Address <b>31-20 41st Rd</b>		City <b>Flushing</b>		State <b>NY</b>	Zip Code <b>11355</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/08/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chiao Su</b>		First <b>Yueh</b>		MI <b>NY</b>	Contribution ID # <b>0793</b>
Residential Street Address <b>136-31 Cherry Ave</b>		City <b>Flushing</b>		State <b>NY</b>	Zip Code <b>11355</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Chen</b>		First <b>Chiz-Fu</b>		MI	Contribution ID # <b>0795</b>
Residential Street Address <b>136-31 Cherry Ave</b>		City <b>Flushing</b>		State <b>NY</b>	Zip Code <b>11355</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hsieh</b>		First <b>Yi Heng</b>		MI	Contribution ID # <b>0796</b>
Residential Street Address <b>31-20 41st Rd</b>		City <b>Flushing</b>		State <b>NY</b>	Zip Code <b>11355</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>homemaker</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Brainsky</b>		First <b>Eric</b>		MI	Contribution ID # <b>0472</b>
Residential Street Address <b>94 Cameron Way</b>		City <b>Rehoboth</b>		State <b>MA</b>	Zip Code <b>02769</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Brainsky, Levinson, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Voccola</b>		First <b>Stephen</b>		MI <b>J</b>	Contribution ID # <b>0450</b>
Residential Street Address <b>512 Anderson Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Plumber</b>		Name of Employer <b>Your Plumber, NE Plumbing/Heating</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lehn		First Stephan		MI R	Contribution ID # 0451
Residential Street Address 24 Haystack Rd		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Day Trader		Name of Employer Self, Stephan Lehn			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/09/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Arlio		First James		MI	Contribution ID # 0452
Residential Street Address 28 White Birch Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Police Sergeant		Name of Employer Town of Trumbull			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/09/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Turner		First Mary Ann		MI	Contribution ID # 0453
Residential Street Address 7 Meadow Rd		City Enfield		State CT	Zip Code 06082
Principal Occupation Business Owner		Name of Employer Projects Unlimited			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/09/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Caufield		First Brett		MI	Contribution ID # 0454
Residential Street Address 37 Far Horizon Dr		City Monroe		State CT	Zip Code 06468
Principal Occupation Owner		Name of Employer Monet Landscaping			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/09/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Anzalone</b>		First <b>John</b>		MI	Contribution ID # <b>0455</b>
Residential Street Address <b>780 N Park Ave</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Glass Installer</b>		Name of Employer <b>Self-Commercial Glass</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Giunta</b>		First <b>Theresa</b>		MI	Contribution ID # <b>0456</b>
Residential Street Address <b>4190 Park Ave Apt 262</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Prezioso</b>		First <b>Eileen</b>		MI	Contribution ID # <b>0457</b>
Residential Street Address <b>100 Parrott Dr Unit 501</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Zazzano's Four Seasons</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McFadden</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0458</b>
Residential Street Address <b>53 Federal Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Maintainer</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>LeClair</b>		First <b>Mark</b>		MI	Contribution ID # <b>0459</b>
Residential Street Address <b>43 Linley Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Fairfield University</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Fabryk</b>		First <b>Janet</b>		MI	Contribution ID # <b>0460</b>
Residential Street Address <b>1 Merrill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Radcliffe</b>		First <b>Nancy</b>		MI	Contribution ID # <b>0461</b>
Residential Street Address <b>32 Sunrise Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Cuomo</b>		First <b>Richard</b>		MI	Contribution ID # <b>0462</b>
Residential Street Address <b>19 Central Ave</b>		City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Harkins</b>		First <b>John</b>		MI <b>A</b>	Contribution ID # <b>0520</b>
Residential Street Address <b>631A Onondaga Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Mayor</b>		Name of Employer <b>Town of Stratford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shen</b>		First <b>Can</b>		MI <b></b>	Contribution ID # <b>0486</b>
Residential Street Address <b>10 Bowen St</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907</b>
Principal Occupation <b>President</b>		Name of Employer <b>Self</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/09/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Sforza</b>		First <b>Bradford</b>		MI <b>J</b>	Contribution ID # <b>0490</b>
Residential Street Address <b>340 E 23rd St</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10010</b>
Principal Occupation <b>Insurance</b>		Name of Employer <b>Willis</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/10/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cai</b>		First <b>Ronquan</b>		MI <b></b>	Contribution ID # <b>0497</b>
Residential Street Address <b>4 Towne House Rd</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06514</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/10/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Lee</b>		First <b>Youlan</b>		MI	Contribution ID # <b>0498</b>
Residential Street Address <b>4 Towne House Rd</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06514</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/10/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Fisher</b>		First <b>Natalie</b>		MI	Contribution ID # <b>0518</b>
Residential Street Address <b>77 Queens Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/10/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Murphy</b>		First <b>Dan</b>		MI	Contribution ID # <b>0484</b>
Residential Street Address <b>4 Castle Hill Rd</b>		City <b>Pawcatuck</b>		State <b>CT</b>	Zip Code <b>06379</b>
Principal Occupation <b>Accounting</b>		Name of Employer <b>B&amp;W Paving</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bakalar</b>		First <b>Johnna</b>		MI	Contribution ID # <b>0521</b>
Residential Street Address <b>18 Fran's Way</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>student</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bonfietti</b>		First <b>Eleanor</b>		MI <b>M</b>	Contribution ID # <b>0473</b>
Residential Street Address <b>1230 Old Town Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Elderbaum</b>		First <b>Nancy</b>		MI <b>V</b>	Contribution ID # <b>0474</b>
Residential Street Address <b>279 Whitefield St</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>retired</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Nemczuk</b>		First <b>Gloria</b>		MI <b>A</b>	Contribution ID # <b>0475</b>
Residential Street Address <b>284 Schoolside Ln</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Registrar of Voters</b>		Name of Employer <b>Town of Guilford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Cartier</b>		First <b>Cynthia</b>		MI	Contribution ID # <b>0476</b>
Residential Street Address <b>344 S Hoop Pole Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Cartier &amp; Bauer, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <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
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**B. Itemized Contributions from Individuals**

Last Name <b>Cartier</b>		First <b>Richard</b>		MI	Contribution ID # <b>0477</b>
Residential Street Address <b>344 S Hoop Pole Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Business Owner</b>		Name of Employer <b>New England Car Wash</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Colcord</b>		First <b>Diana</b>		MI	Contribution ID # <b>0478</b>
Residential Street Address <b>25 Elizabeth St</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Business Development</b>		Name of Employer <b>Downes</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Soehnlein</b>		First <b>Barry</b>		MI	Contribution ID # <b>0479</b>
Residential Street Address <b>25 Cambridge Way</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code
Principal Occupation <b>Corporate Sales</b>		Name of Employer <b>Veridiv Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03092017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Reilly</b>		First <b>Richard</b>		MI <b>T</b>	Contribution ID # <b>0480</b>
Residential Street Address <b>223 Franklin Rd</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Picarazzi</b>		First <b>Guido</b>		MI	Contribution ID # <b>0481</b>
Residential Street Address <b>17 Blackhawk Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>self-G.Pic &amp; Sons</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ellenbast</b>		First <b>Henry</b>		MI	Contribution ID # <b>0482</b>
Residential Street Address <b>16 Hathaway Ln</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/11/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Legenza</b>		First <b>Barbara</b>		MI	Contribution ID # <b>0522</b>
Residential Street Address <b>30 Hazelnut Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bernier</b>		First <b>Charles</b>		MI	Contribution ID # <b>0496</b>
Residential Street Address <b>52 Liberty St</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Electrician</b>		Name of Employer <b>Acorn-Bernier Electric</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/12/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Lee</b>		First <b>Marvin</b>		MI <b>C</b>	Contribution ID # <b>0488</b>
Residential Street Address <b>11 Highland Ave</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Keller Williams</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mosessian</b>		First <b>George</b>		MI <b>M</b>	Contribution ID # <b>0982</b>
Residential Street Address <b>204A Windgate Cir</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/12/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Bria</b>		First <b>Patricia</b>		MI <b>A</b>	Contribution ID # <b>0491</b>
Residential Street Address <b>1642 New Haven Ave</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Lou</b>		First <b>Anjing</b>		MI <b></b>	Contribution ID # <b>0492</b>
Residential Street Address <b>10 Warren Dr</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Lead scientist</b>		Name of Employer <b>Unilever</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bugg</b>		First <b>Steven</b>		MI	Contribution ID # <b>0493</b>
Residential Street Address <b>6 W Wood Dr</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Insurance Sales</b>			Name of Employer <b>Insurance Marketing Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Urzler</b>		First <b>Lori</b>		MI	Contribution ID # <b>0494</b>
Residential Street Address <b>26 Sand St</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Business Manager</b>			Name of Employer <b>Junior League</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Lesko</b>		First <b>Ronald</b>		MI	Contribution ID # <b>0523</b>
Residential Street Address <b>36 Limerick Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Broker</b>			Name of Employer <b>Peoples United Bank</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Carroll</b>		First <b>Peter</b>		MI <b>F</b>	Contribution ID # <b>0507</b>
Residential Street Address <b>18 Fairlea Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Business Agent</b>			Name of Employer <b>IBEW Local 488</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>lombardo</b>		First <b>linda</b>		MI	Contribution ID # <b>0483</b>
Residential Street Address <b>41 Rock Spring Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06906</b>
Principal Occupation <b>school teacher</b>		Name of Employer <b>new canaan public schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Boccuzzi</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0532</b>
Residential Street Address <b>6016 Main St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cobb</b>		First <b>Fredrick</b>		MI	Contribution ID # <b>0529</b>
Residential Street Address <b>33 Miramar Ln</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pulie</b>		First <b>Laura</b>		MI <b>M</b>	Contribution ID # <b>0530</b>
Residential Street Address <b>2 Quaker Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>civil engineer</b>		Name of Employer <b>Town of Fairfield</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/13/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Nicola</b>		First <b>Diana</b>		MI <b>R</b>	Contribution ID # <b>0516</b>
Residential Street Address <b>480 Rock House Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Paralegal, Part-Time</b>		Name of Employer <b>Owen, Schine &amp; Nicola</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/14/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Liu</b>		First <b>Minghai</b>		MI <b>CT</b>	Contribution ID # <b>0489</b>
Residential Street Address <b>121 Brookside Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Energy Trader</b>		Name of Employer <b>Noble Americas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/14/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Lu</b>		First <b>Jess</b>		MI <b>CT</b>	Contribution ID # <b>0568</b>
Residential Street Address <b>118 Grove St</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>Business analyst</b>		Name of Employer <b>Citizens bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/15/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zhang</b>		First <b>Feng</b>		MI <b>CT</b>	Contribution ID # <b>0569</b>
Residential Street Address <b>22 Crawford Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Portfolio Manager</b>		Name of Employer <b>between jobs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/15/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name goebert		First fay		MI	Contribution ID # 0571
Residential Street Address 218 Old Kings Hwy S		City Darien		State CT	Zip Code 06820
Principal Occupation realtor		Name of Employer william raveis			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03162017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/15/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Parenzan		First Elizabeth		MI	Contribution ID # 0606
Residential Street Address 26 Meadowview Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Cafeteria worker		Name of Employer Trumbull Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/15/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Milewski		First Nancy		MI L	Contribution ID # 0602
Residential Street Address 25 Jerusalem Hl		City Trumbull		State CT	Zip Code 06611
Principal Occupation paralegal		Name of Employer Peter Ambrose, Esq			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/16/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Berg		First Gigi		MI	Contribution ID # 0603
Residential Street Address 93 High Ridge Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Assistant to the Pres.		Name of Employer AQUARION			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/16/2017	Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Barnes</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0604</b>
Residential Street Address <b>1922 Perkins St</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010</b>
Principal Occupation <b>Financial Advisor</b>			Name of Employer <b>LPL Financial</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Akin</b>		First <b>James</b>		MI	Contribution ID # <b>0605</b>
Residential Street Address <b>110 Mountain Terrace Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Leone, Throwe, Teller &amp; Nagle</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Cling</b>		First <b>Janet</b>		MI	Contribution ID # <b>0570</b>
Residential Street Address <b>20 Wee Burn Ln .</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Stay At Home Mom</b>			Name of Employer <b>Stay At Home Mom</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>03162017A</u></b>		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Michelson</b>		First <b>Barry</b>		MI <b>S</b>	Contribution ID # <b>0538</b>
Residential Street Address <b>111 Idlewood Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>Plan &amp; Developing</b>			Name of Employer <b>Self-Barry Michelson Consulting</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$50.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	
				Aggregate Contributions <b>\$50.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Fuimara</b>		First <b>Cecelia</b>		MI	Contribution ID # <b>0519</b>
Residential Street Address <b>66 October Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dolcetti</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0541</b>
Residential Street Address <b>55 Noroton Ave</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Sargent</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0542</b>
Residential Street Address <b>80 Rippowam Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Self-Joseph Sargent Law Office</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Harrison</b>		First <b>Frank</b>		MI	Contribution ID # <b>0543</b>
Residential Street Address <b>18 Studio Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Forensic Accountant/Advisor</b>		Name of Employer <b>Self-F.M.Harrison &amp; Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Armour</b>		First <b>Karen</b>		MI <b>A</b>	Contribution ID # <b>0544</b>
Residential Street Address <b>43 Harbor Dr # 212</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hall</b>		First <b>Malcolm</b>		MI <b></b>	Contribution ID # <b>0545</b>
Residential Street Address <b>53 Sunswyck Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Business Dev Mgr</b>		Name of Employer <b>Darien Rowayton Bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bosak, Jr</b>		First <b>Gerald</b>		MI <b></b>	Contribution ID # <b>0546</b>
Residential Street Address <b>30 Brightside Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Funeral Director</b>		Name of Employer <b>Bosak Funeral Home</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Slavin</b>		First <b>Raymond</b>		MI <b>D</b>	Contribution ID # <b>0547</b>
Residential Street Address <b>4 McLaren Rd S</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Fedeli</b>		First <b>Mary</b>		MI <b>L</b>	Contribution ID # <b>0548</b>
Residential Street Address <b>7 Gilford St</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907</b>
Principal Occupation <b>VP</b>		Name of Employer <b>TransAmerica</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Franzetti</b>		First <b>Carl</b>		MI <b>J</b>	Contribution ID # <b>0549</b>
Residential Street Address <b>61 High Clear Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>
Principal Occupation <b>Police Officer</b>		Name of Employer <b>City of Stamford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Miller</b>		First <b>Joseph</b>		MI <b></b>	Contribution ID # <b>0550</b>
Residential Street Address <b>8 Dew Ln</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Financial Advisor</b>		Name of Employer <b>New Canaan Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Lombardo</b>		First <b>Thomas</b>		MI <b>A</b>	Contribution ID # <b>0551</b>
Residential Street Address <b>65 Hickory Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Police Captain</b>		Name of Employer <b>City of Stamford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Tarzia</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0552</b>
Residential Street Address <b>310 Soundview Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Loglisci</b>		First <b>Donna</b>		MI <b>M</b>	Contribution ID # <b>0553</b>
Residential Street Address <b>189 Westover Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Town Clerk</b>		Name of Employer <b>City of Stamford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hanscomb</b>		First <b>Rodney</b>		MI <b>M</b>	Contribution ID # <b>0513</b>
Residential Street Address <b>111 Towne St # 1318</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Sale</b>		Name of Employer <b>Self - LHI</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Seidell</b>		First <b>Donna</b>		MI <b>M</b>	Contribution ID # <b>0524</b>
Residential Street Address <b>182 Old Dyke Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Education Consultant</b>		Name of Employer <b>Town of Stratford</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <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

Tim for Connecticut 2018

April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Rowe</b>		First <b>Michele</b>		MI	Contribution ID # <b>0525</b>
Residential Street Address <b>20 Cardinal Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Hannon</b>		First <b>Dolores</b>		MI	Contribution ID # <b>0782</b>
Residential Street Address <b>110 Beach Rd</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/16/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

  

Last Name <b>Alcaraz</b>		First <b>Michael</b>		MI	Contribution ID # <b>0526</b>
Residential Street Address <b>10 Lisa Dr</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Fairfield Pool</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Smith</b>		First <b>DeForest</b>		MI <b>W</b>	Contribution ID # <b>0527</b>
Residential Street Address <b>30 Cedar Hill Rd</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Pearce/George J Smith &amp; Sons</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ambrogio</b>		First <b>Riccardo</b>		MI <b>I</b>	Contribution ID # <b>0528</b>
Residential Street Address <b>42 Highcrest Acres</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109</b>
Principal Occupation <b>Oral Surgeon</b>		Name of Employer <b>Dr. Richard Ambrogio</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>palazzo</b>		First <b>guy</b>		MI <b>a</b>	Contribution ID # <b>0598</b>
Residential Street Address <b>6 Harvard Ter</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Stanton</b>		First <b>Steven</b>		MI <b>A</b>	Contribution ID # <b>0599</b>
Residential Street Address <b>15 Turkey Meadow Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Student</b>		Name of Employer <b>N/A</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>McInerney</b>		First <b>Monica</b>		MI	Contribution ID # <b>0600</b>
Residential Street Address <b>7 Candleview Rd</b>		City <b>Brookfield</b>		State <b>CT</b>	Zip Code <b>06804</b>
Principal Occupation <b>Procurement Executive</b>		Name of Employer <b>Webster Bank Financial Corporation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>McInerney</b>		First <b>Tim</b>		MI	Contribution ID # <b>0601</b>
Residential Street Address <b>2 Floral Hts</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470</b>
Principal Occupation <b>Director of Bus Dev</b>		Name of Employer <b>Sealed Air Corporation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Herring</b>		First <b>Brad</b>		MI <b>M</b>	Contribution ID # <b>0572</b>
Residential Street Address <b>29 Deep Gorge Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/17/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Chen</b>		First <b>Hong</b>		MI	Contribution ID # <b>0596</b>
Residential Street Address <b>22 Crawford Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>WPS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/18/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shao</b>		First <b>Mei</b>		MI	Contribution ID # <b>0597</b>
Residential Street Address <b>668 Estelle Ct</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>Alexion</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/18/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Giannone</b>		First <b>Daniel</b>		MI <b>P</b>	Contribution ID # <b>0567</b>
Residential Street Address <b>55 Steeple View Dr .</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Education</b>		Name of Employer <b>Self-Frank's Driving School</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Freda</b>		First <b>Michael</b>		MI <b>J</b>	Contribution ID # <b>0591</b>
Residential Street Address <b>90 Highland Park Rd .</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Chief Elected Official</b>		Name of Employer <b>Town of North Haven</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/19/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shao</b>		First <b>Li</b>		MI <b>CA</b>	Contribution ID # <b>0592</b>
Residential Street Address <b>22723 Olive Pl</b>		City <b>Hayward</b>		State <b>CA</b>	Zip Code <b>94541</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/19/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Deecken</b>		First <b>Richard</b>		MI <b>C</b>	Contribution ID # <b>0593</b>
Residential Street Address <b>1133 Avalon Gates</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/19/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Damio</b>		First <b>David</b>		MI <b>M</b>	Contribution ID # <b>0594</b>
Residential Street Address <b>217 Lawn Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Sales Manager</b>			Name of Employer <b>Amsyn</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/19/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Dreiding</b>		First <b>Michele</b>		MI <b></b>	Contribution ID # <b>0595</b>
Residential Street Address <b>76 Frances Pl</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06615</b>
Principal Occupation <b>Travel Agent</b>			Name of Employer <b>Self-Here to the Moon Travel</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/19/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Wu</b>		First <b>Min</b>		MI <b></b>	Contribution ID # <b>0583</b>
Residential Street Address <b>420 Lambert Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>Maritime Finance</b>			Name of Employer <b>CIT Financial Inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

Last Name <b>Farnen</b>		First <b>Kimberly</b>		MI <b>E</b>	Contribution ID # <b>0584</b>
Residential Street Address <b>394 Rowland Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Pharmaceuticals</b>			Name of Employer <b>Amgen</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  <b>\$100.00</b>
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	
				Aggregate Contributions <b>\$100.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Tietjen</b>		First <b>Scott</b>		MI <b>P</b>	Contribution ID # <b>0585</b>
Residential Street Address <b>387 Center St</b>		City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>
Principal Occupation <b>Data Security Architect</b>		Name of Employer <b>DTCC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chromczak</b>		First <b>Edward</b>		MI <b></b>	Contribution ID # <b>0586</b>
Residential Street Address <b>19 Fieldstone Ln</b>		City <b>Beacon Falls</b>		State <b>CT</b>	Zip Code <b>06403</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>DeLibro</b>		First <b>Richard</b>		MI <b>L</b>	Contribution ID # <b>0587</b>
Residential Street Address <b>9 Blackstone Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>D and L Engineering Co., Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Grimaldi</b>		First <b>Leonard</b>		MI <b></b>	Contribution ID # <b>0588</b>
Residential Street Address <b>22 Hopewell Woods Rd</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Momentum Communications</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cummings</b>		First <b>Stephanie</b>		MI <b>E</b>	Contribution ID # <b>0589</b>
Residential Street Address <b>66 Fleetwood Dr</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06706</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Kolesnik Law Firm</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Budd</b>		First <b>Jonathan</b>		MI <b>S</b>	Contribution ID # <b>0590</b>
Residential Street Address <b>68 S Brooksvale Rd</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>Education Administrator</b>		Name of Employer <b>Trumbull Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Casasanta</b>		First <b>Meg</b>		MI <b></b>	Contribution ID # <b>0554</b>
Residential Street Address <b>217 Whitewood Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Surgical counselor</b>		Name of Employer <b>Consulting Ophthalmologists</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$275.00</b>

Last Name <b>Faienza</b>		First <b>Vincent</b>		MI <b>V</b>	Contribution ID # <b>0555</b>
Residential Street Address <b>20 Horse Run Hill Rd</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>President</b>		Name of Employer <b>Universal Ceramic Tile Dist</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Faienza</b>		First <b>Antonio</b>		MI	Contribution ID # <b>0556</b>
Residential Street Address <b>23 Crest Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Universal Ceramic Tile Dist</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>

Last Name <b>Walworth</b>		First <b>Mark</b>		MI <b>B</b>	Contribution ID # <b>0557</b>
Residential Street Address <b>94 Highview Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Giannone</b>		First <b>Sebby</b>		MI	Contribution ID # <b>0558</b>
Residential Street Address <b>24 Douglas Way</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Frank's Driving School</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hock</b>		First <b>Laura</b>		MI	Contribution ID # <b>0559</b>
Residential Street Address <b>15 Knollwood Rd</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Special Ed Para</b>		Name of Employer <b>Town of Rocky Hill</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Charamut</b>	First <b>Ed</b>	MI	Contribution ID # <b>0560</b>
Residential Street Address <b>431 Elm St</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Royko Charamut Insurance</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$50.00</b>
Amount of Contribution <b>\$50.00</b>			

Last Name <b>Saavedra</b>	First <b>Milton</b>	MI	Contribution ID # <b>0561</b>
Residential Street Address <b>77 Metacommet Rd</b>	City <b>Plainville</b>	State <b>CT</b>	Zip Code <b>06062</b>
Principal Occupation <b>Investigator</b>	Name of Employer <b>Waterbury State Attorneys</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03222017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>
Amount of Contribution <b>\$100.00</b>			

Last Name <b>Faienza</b>	First <b>Kathleen</b>	MI <b>D</b>	Contribution ID # <b>0562</b>
Residential Street Address <b>20 Horse Run Hill Rd</b>	City <b>Cromwell</b>	State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>Marketing</b>	Name of Employer <b>Prime Creative Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>
Amount of Contribution <b>\$100.00</b>			

Last Name <b>Giannone</b>	First <b>Marco</b>	MI	Contribution ID # <b>0563</b>
Residential Street Address <b>61 Grapevine Ln</b>	City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Owner</b>	Name of Employer <b>Central Driving School</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$70.00</b>
Amount of Contribution <b>\$70.00</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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**B. Itemized Contributions from Individuals**

Last Name <b>Polke</b>		First <b>Michael</b>		MI <b>J</b>	Contribution ID # <b>0564</b>
Residential Street Address <b>15 Harrison Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>Liquor Store Owner</b>		Name of Employer <b>WILLOWBROOK SPIRIT Shoppe</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Clark</b>		First <b>Marianne</b>		MI <b>L</b>	Contribution ID # <b>0565</b>
Residential Street Address <b>10 Camden Way</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Thomen</b>		First <b>Eliana</b>		MI <b></b>	Contribution ID # <b>0566</b>
Residential Street Address <b>8 Knoll Ln</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>Claims Asst</b>		Name of Employer <b>Beazley Ins</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gaines</b>		First <b>Edward</b>		MI <b>B</b>	Contribution ID # <b>0534</b>
Residential Street Address <b>772 Hartford Tnpk</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066</b>
Principal Occupation <b>Clerk</b>		Name of Employer <b>State of CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Brunetto</b>		First <b>Gerald</b>		MI	Contribution ID # <b>0535</b>
Residential Street Address <b>62 Washington Rd</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Foote</b>		First <b>James</b>		MI <b>W</b>	Contribution ID # <b>0536</b>
Residential Street Address <b>78 Mountain Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Driver</b>		Name of Employer <b>Enterprise Holding</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$10.00</b>

Last Name <b>Mangler, Jr</b>		First <b>Harold</b>		MI <b>F</b>	Contribution ID # <b>0537</b>
Residential Street Address <b>98 Short Beach Rd</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Levy</b>		First <b>Allen</b>		MI <b>R</b>	Contribution ID # <b>0540</b>
Residential Street Address <b>20 Fillow St</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>WenConn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kellogg</b>		First <b>Charles</b>		MI <b>T</b>	Contribution ID # <b>0511</b>
Residential Street Address <b>7 Woodbury Rd</b>		City <b>Watertown</b>		State <b>CT</b>	Zip Code <b>06795</b>
Principal Occupation <b>Business Exec</b>		Name of Employer <b>Hubbard-Hall Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Golfin</b>		First <b>Robert</b>		MI <b>CT</b>	Contribution ID # <b>0512</b>
Residential Street Address <b>80 Robin St</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zabaneh</b>		First <b>Loraine</b>		MI <b>CT</b>	Contribution ID # <b>0508</b>
Residential Street Address <b>54 Oakland Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gonzalez</b>		First <b>Donald</b>		MI <b>CT</b>	Contribution ID # <b>0509</b>
Residential Street Address <b>118 Thunderbird Dr</b>		City <b>Naugatuck</b>		State <b>CT</b>	Zip Code <b>06770</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Gilbert</b>		First <b>Debra</b>		MI	Contribution ID # <b>0781</b>
Residential Street Address <b>119 Chestnut Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>bookkeeper</b>		Name of Employer <b>Cotter, Cotter &amp; Mullins</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mayo</b>		First <b>Diane</b>		MI <b>F</b>	Contribution ID # <b>0981</b>
Residential Street Address <b>26 Hickory St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Paraprofessional</b>		Name of Employer <b>Knight rolleri Sheppard CPAS LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/20/2017</b>	Aggregate Contributions <b>\$75.00</b>	<b>\$25.00</b>

Last Name <b>Remenar</b>		First <b>LaVaughn</b>		MI	Contribution ID # <b>0788</b>
Residential Street Address <b>900 National Rd</b>		City <b>Bridgeport</b>		State <b>OH</b>	Zip Code <b>43912</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Faile, Jr</b>		First <b>David</b>		MI <b>H</b>	Contribution ID # <b>0503</b>
Residential Street Address <b>40 Cider MI</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Brooks</b>		First <b>Andrew</b>		MI	Contribution ID # <b>0573</b>
Residential Street Address <b>43 Park Pl</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Management Consulting</b>		Name of Employer <b>Accenture LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Tan</b>		First <b>Zhulin</b>		MI	Contribution ID # <b>0574</b>
Residential Street Address <b>670 Moss Farms Rd</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>Chemist</b>		Name of Employer <b>Boehringer Ingelheim</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Murdoch</b>		First <b>Jeffrey</b>		MI <b>L</b>	Contribution ID # <b>0575</b>
Residential Street Address <b>11 Hardy Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Plumber</b>		Name of Employer <b>Myself</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Murphy</b>		First <b>Matthew</b>		MI	Contribution ID # <b>0576</b>
Residential Street Address <b>PO Box 623</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Murphy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Monico</b>		First <b>John</b>		MI	Contribution ID # <b>0577</b>
Residential Street Address <b>23 Sachem Dr</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Insurance</b>		Name of Employer <b>BDDA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marino</b>		First <b>Vincent</b>		MI <b>M</b>	Contribution ID # <b>0578</b>
Residential Street Address <b>830 Bayberry Ln</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cohen and Wolf, P.C.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gjonbalaj</b>		First <b>Adriatik</b>		MI	Contribution ID # <b>0579</b>
Residential Street Address <b>279 Sentinel Hill Rd</b>		City <b>Derby</b>		State <b>CT</b>	Zip Code <b>06418</b>
Principal Occupation <b>Restaurant manager</b>		Name of Employer <b>Adrianas</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Alisberg</b>		First <b>Andy</b>		MI	Contribution ID # <b>0580</b>
Residential Street Address <b>12 Dewart Rd</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>
Principal Occupation <b>investor</b>		Name of Employer <b>self-Andy Alisberg</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Desouza</b>		First <b>Edward</b>		MI	Contribution ID # <b>0581</b>
Residential Street Address <b>25 Hawthorne Ridge Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Colon</b>		First <b>Lisette</b>		MI	Contribution ID # <b>0582</b>
Residential Street Address <b>4441 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>HR Recruiter</b>		Name of Employer <b>cob/boe</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/21/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mangione</b>		First <b>Salvatore</b>		MI	Contribution ID # <b>0607</b>
Residential Street Address <b>49 Cedar Ln</b>		City <b>Oxford</b>		State <b>CT</b>	Zip Code <b>06478</b>
Principal Occupation <b>ret</b>		Name of Employer <b>ret</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Tsingerliotis</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0539</b>
Residential Street Address <b>6 Mohawk Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>painting</b>		Name of Employer <b>GT Painting LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>McShane</b>		First <b>Kathy</b>		MI	Contribution ID # <b>0653</b>
Residential Street Address <b>47 Pine St</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>consultant</b>		Name of Employer <b>Ladies Large Club</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Leyden</b>		First <b>Raymond</b>		MI <b>W</b>	Contribution ID # <b>0654</b>
Residential Street Address <b>82 Strawberry Hill Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Day</b>		First <b>Harry</b>		MI	Contribution ID # <b>0655</b>
Residential Street Address <b>82 Wild Duck Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Meehan</b>		First <b>Kenneth</b>		MI	Contribution ID # <b>0657</b>
Residential Street Address <b>90 Dunham Rd</b>		City <b>Berlin</b>		State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>ECP-PF Holding Group, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Gagnon</b>		First <b>Philip</b>		MI <b>L</b>	Contribution ID # <b>0658</b>
Residential Street Address <b>13 Harrison Dr</b>		City <b>Cromwell</b>		State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Self-Colliers Intl</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03202017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>rizio</b>		First <b>raymond</b>		MI <b>CT</b>	Contribution ID # <b>0659</b>
Residential Street Address <b>931 Old Post Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>q&amp;R Associates,LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03222017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Cao</b>		First <b>Kaishuang</b>		MI <b>CT</b>	Contribution ID # <b>0680</b>
Residential Street Address <b>15 Sawmill Brook Ln</b>		City <b>Mansfield Center</b>		State <b>CT</b>	Zip Code <b>06250</b>
Principal Occupation <b>STAFF</b>		Name of Employer <b>UConn</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Bowman</b>		First <b>Phillip</b>		MI <b>E</b>	Contribution ID # <b>0682</b>
Residential Street Address <b>365 Finch Ave</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>General Contractor</b>		Name of Employer <b>Pinnacle Land Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/22/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Hall, Jr		First Robert		MI A	Contribution ID # 0731
Residential Street Address 47 Mill Brook Rd W		City Stamford		State CT	Zip Code 06902
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/22/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Gould		First Joan		MI C	Contribution ID # 0716
Residential Street Address 157 Deerfield Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/22/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Elliano		First Thomas		MI A	Contribution ID # 0717
Residential Street Address 12 Fawn Cir		City Trumbull		State CT	Zip Code 06611
Principal Occupation Truck driver		Name of Employer Town of Trumbull			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/22/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Houghton		First Aileen		MI P	Contribution ID # 0727
Residential Street Address 20 Copper Beech Ln		City Ridgefield		State CT	Zip Code 06877
Principal Occupation homemaker		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/23/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>ALTAMURA</b>		First <b>MICHAEL</b>		MI <b>B</b>	Contribution ID # <b>0741</b>
Residential Street Address <b>1603 Newfield Ave</b>		City <b>Stamford</b>		State <b>CO</b>	Zip Code <b>06905-1506</b>
Principal Occupation <b>LAB TECH</b>		Name of Employer <b>SAKESUI DIAGNOSTIC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Martin</b>		First <b>gerald</b>		MI <b>M</b>	Contribution ID # <b>0672</b>
Residential Street Address <b>19 Gillette Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>Master Electrician</b>		Name of Employer <b>United technologies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Houlihan</b>		First <b>Robert</b>		MI <b>K</b>	Contribution ID # <b>0691</b>
Residential Street Address <b>448 Barton Dr</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>CPA</b>		Name of Employer <b>Laggis &amp; Houlihan LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>stott</b>		First <b>tammy</b>		MI	Contribution ID # <b>0675</b>
Residential Street Address <b>284 Plain Hill Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>homemaker</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <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

Tim for Connecticut 2018

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**B. Itemized Contributions from Individuals**

Last Name <b>stott</b>		First <b>greg</b>		MI	Contribution ID # <b>0676</b>
Residential Street Address <b>284 Plain Hill Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>firefighter</b>		Name of Employer <b>city of new london</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Chory</b>		First <b>Anthony</b>		MI <b>J</b>	Contribution ID # <b>0504</b>
Residential Street Address <b>26 Dale Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Mechanical Engineer</b>		Name of Employer <b>Sikorsky Aircraft</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Deyoe</b>		First <b>Jane</b>		MI	Contribution ID # <b>0505</b>
Residential Street Address <b>15 Southgate Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/23/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Zhou</b>		First <b>Xiao-hong</b>		MI	Contribution ID # <b>0668</b>
Residential Street Address <b>27 Kachina Way</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Brindisi</b>		First <b>Margaret</b>		MI	Contribution ID # <b>0671</b>
Residential Street Address <b>80 Canterbury Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Acct</b>		Name of Employer <b>Trumbull BOE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>keehner</b>		First <b>devin</b>		MI <b>k</b>	Contribution ID # <b>0660</b>
Residential Street Address <b>55 Renee Dr</b>		City <b>Pawcatuck</b>		State <b>CT</b>	Zip Code <b>06379</b>
Principal Occupation <b>Clerking</b>		Name of Employer <b>CGA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Jenkins</b>		First <b>Jason</b>		MI <b>R</b>	Contribution ID # <b>0652</b>
Residential Street Address <b>929 Wilcoxson Ave</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Chiropractor</b>		Name of Employer <b>Jenkins Family Chiropractic</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mullan</b>		First <b>Yu</b>		MI	Contribution ID # <b>0665</b>
Residential Street Address <b>51 Blue Ridge Dr</b>		City <b>Vernon</b>		State <b>CT</b>	Zip Code <b>06066</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>CFS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>QIU</b>		First <b>JIHONG</b>		MI	Contribution ID # <b>0666</b>
Residential Street Address <b>250 Goffe St</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511</b>
Principal Occupation <b>agent</b>		Name of Employer <b>bolt insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Bizzarro</b>		First <b>Gennaro</b>		MI	Contribution ID # <b>0679</b>
Residential Street Address <b>180 Ten Acre Rd</b>		City <b>New Britain</b>		State <b>CT</b>	Zip Code <b>06052</b>
Principal Occupation <b>GB Law Group</b>		Name of Employer <b>GB Law Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>McGaw</b>		First <b>William</b>		MI <b>L</b>	Contribution ID # <b>0613</b>
Residential Street Address <b>100 Peach Tree Rd</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033</b>
Principal Occupation <b>ret</b>		Name of Employer <b>ret</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Gauthier</b>		First <b>Jenny</b>		MI	Contribution ID # <b>0614</b>
Residential Street Address <b>2 Noah's Way</b>		City <b>Sprague</b>		State <b>CT</b>	Zip Code <b>06330</b>
Principal Occupation <b>housekeeper</b>		Name of Employer <b>Sacred Heart Church Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Angelo</b>		First <b>Michael</b>		MI	Contribution ID # <b>0615</b>
Residential Street Address <b>60 Sunset Rdg</b>		City <b>Stafford Springs</b>		State <b>CT</b>	Zip Code <b>06076</b>
Principal Occupation <b>Manager, Electrician</b>		Name of Employer <b>Michael Angelo Electrical Contracting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gauthier</b>		First <b>Wendy</b>		MI	Contribution ID # <b>0616</b>
Residential Street Address <b>2 Noah's Way</b>		City <b>Sprague</b>		State <b>CT</b>	Zip Code <b>06330</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Liva</b>		First <b>Enrico</b>		MI	Contribution ID # <b>0617</b>
Residential Street Address <b>821 Millbrook Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Vital Nutrients</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Yeitz, Jr</b>		First <b>Angelo</b>		MI	Contribution ID # <b>0618</b>
Residential Street Address <b>29 N Wawecus Hill Rd</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360</b>
Principal Occupation <b>superintendent</b>		Name of Employer <b>City of Norwich</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Yeitz, Jr		First Tina		MI	Contribution ID # 0619
Residential Street Address 29 N Wawecus Hill Rd		City Norwich		State CT	Zip Code 06360
Principal Occupation homemaker		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03242017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Burke		First Robin		MI L	Contribution ID # 0620
Residential Street Address 821 Millbrook Rd		City Middletown		State CT	Zip Code 06457
Principal Occupation Gemologist		Name of Employer Self-Gem & Jewelry Appraisal			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03242017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Lavin		First James		MI V	Contribution ID # 0774
Residential Street Address 71 Arden Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Bellows		First Roberta		MI	Contribution ID # 0775
Residential Street Address 4918 Madison Ave		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/24/2017	Aggregate Contributions \$100.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bellows</b>		First <b>Donald Richard</b>		MI	Contribution ID # <b>0776</b>
Residential Street Address <b>4918 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Candler</b>		First <b>Erin</b>		MI	Contribution ID # <b>0777</b>
Residential Street Address <b>11 Beech Tree Hill Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Financial Advisor</b>		Name of Employer <b>Peoples Securities</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Parr</b>		First <b>Carolyn</b>		MI <b>M</b>	Contribution ID # <b>0734</b>
Residential Street Address <b>12 President Point Dr Unit C</b>		City <b>Annapolis</b>		State <b>MD</b>	Zip Code <b>21404</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Phillips</b>		First <b>Casey</b>		MI	Contribution ID # <b>0735</b>
Residential Street Address <b>311 S Fillmore St</b>		City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22204</b>
Principal Occupation <b>Consultant</b>		Name of Employer <b>Self-RedPrint Strategy</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pertesis</b>		First <b>Maria</b>		MI	Contribution ID # <b>0719</b>
Residential Street Address <b>15 Riverside Ln</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Cactus rose</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DiScala</b>		First <b>Vincent</b>		MI <b>J</b>	Contribution ID # <b>0713</b>
Residential Street Address <b>175 Hilltop Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Trumbull public schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>PULIE</b>		First <b>RICHARD</b>		MI	Contribution ID # <b>0715</b>
Residential Street Address <b>2 Quaker Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>CFO</b>		Name of Employer <b>Connecticut Color</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shu</b>		First <b>Yuezhong</b>		MI	Contribution ID # <b>0686</b>
Residential Street Address <b>27 Kachina Way</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Researcher</b>		Name of Employer <b>BMS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/24/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Dunn, Jr		First Robert		MI J	Contribution ID # 0689
Residential Street Address 425 Skiff St		City North Haven		State CT	Zip Code 06473
Principal Occupation Building Official		Name of Employer Town of Trumbull			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/24/2017	Aggregate Contributions \$100.00	\$100.00

Last Name DiScala		First Virginia		MI	Contribution ID # 0989
Residential Street Address 195 Hilltop Cir		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/24/2017	Aggregate Contributions \$200.00	\$100.00

Last Name Rizzo		First Ed		MI	Contribution ID # 0685
Residential Street Address 28 Kachina Way		City Madison		State CT	Zip Code 06443
Principal Occupation Software		Name of Employer Thinkwork, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Sota		First James		MI J	Contribution ID # 0688
Residential Street Address 59 Twin Brook Ter		City Monroe		State CT	Zip Code 06468
Principal Occupation Police officer		Name of Employer Town of Trumbull			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Vinci		First Erika		MI L	Contribution ID # 0705
Residential Street Address 40 Long Meadow Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Registered Nurse		Name of Employer AMN Services LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Vinci		First Paula		MI	Contribution ID # 0706
Residential Street Address 40 Long Meadow Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Interior Design		Name of Employer Roth Fabric			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Vinci		First Anthony		MI J	Contribution ID # 0707
Residential Street Address 40 Long Meadow Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation CFO		Name of Employer QBC LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Scarpantonio		First Linda		MI	Contribution ID # 0708
Residential Street Address 36 Red Barn Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Testani</b>		First <b>Alex</b>		MI	Contribution ID # <b>0709</b>
Residential Street Address <b>50 Cranbury Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Police Officer</b>		Name of Employer <b>Town of Greenwich</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Schwartz</b>		First <b>Sanford</b>		MI	Contribution ID # <b>0710</b>
Residential Street Address <b>76 Limerick Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Saunders</b>		First <b>Robert</b>		MI <b>S</b>	Contribution ID # <b>0711</b>
Residential Street Address <b>4404 Madison Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Land O Lakes</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Napolitano, MD</b>		First <b>Guido</b>		MI <b>J</b>	Contribution ID # <b>0712</b>
Residential Street Address <b>13 Wesley Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>MD</b>		Name of Employer <b>Primed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Fogel</b>		First <b>David</b>		MI	Contribution ID # <b>0722</b>
Residential Street Address <b>649 Merwins Ln</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Business Executive</b>		Name of Employer <b>IndexIQ</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jiang</b>		First <b>Bin</b>		MI	Contribution ID # <b>0725</b>
Residential Street Address <b>11 Phillene Dr</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>Senior Software Developer</b>		Name of Employer <b>etouches</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Song</b>		First <b>Jim</b>		MI	Contribution ID # <b>0726</b>
Residential Street Address <b>20 Watchtower Ln</b>		City <b>Old Greenwich</b>		State <b>CT</b>	Zip Code <b>06870</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Cinque</b>		First <b>Kathryn</b>		MI <b>E</b>	Contribution ID # <b>0736</b>
Residential Street Address <b>13219 Malachite De</b>		City <b>Bradenton</b>		State <b>FL</b>	Zip Code <b>34211</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Vinci, III		First Anthony		MI J	Contribution ID # 0730
Residential Street Address 200 Broad St Apt 2136		City Stamford		State CT	Zip Code 06901
Principal Occupation Staff Accountant		Name of Employer QBC LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Lu		First Jun		MI	Contribution ID # 0621
Residential Street Address 10 Green Haven Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Software Engineer		Name of Employer Fusion Point			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$60.00	\$60.00

Last Name Wu		First Guohui		MI	Contribution ID # 0622
Residential Street Address 40 Maplewood Dr		City Woodbridge		State CT	Zip Code 06525
Principal Occupation scientist		Name of Employer Unilever			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Chen		First Yoryu		MI	Contribution ID # 0623
Residential Street Address 55 Mayfair Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation chemist		Name of Employer Endo Pharmaceuticals			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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**B. Itemized Contributions from Individuals**

Last Name Luciani		First Alicia		MI A	Contribution ID # 0624
Residential Street Address 21 Lawrence St		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Nurse/Clinical Case Mgr		Name of Employer Apple Health Care			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Luciani		First Adolph		MI J	Contribution ID # 0625
Residential Street Address 3 Prospect Rd		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Sales, group health		Name of Employer Self-Adolph J Luciano			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Xu		First Cheng		MI	Contribution ID # 0628
Residential Street Address 41 Turkey Hill Rd N		City Westport		State CT	Zip Code 06880
Principal Occupation homemaker		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Brennwald		First Marion		MI L	Contribution ID # 0629
Residential Street Address 11 Hitchcock Ln		City Avon		State CT	Zip Code 06001
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$50.00	\$50.00

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Coppola</b>		First <b>Mario</b>		MI <b>G</b>	Contribution ID # <b>0630</b>
Residential Street Address <b>5 Botte Dr</b>		City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coppola</b>		First <b>Francine</b>		MI <b>A</b>	Contribution ID # <b>0631</b>
Residential Street Address <b>5 Botte Dr</b>		City <b>West Haven</b>		State <b>CT</b>	Zip Code <b>06516</b>
Principal Occupation <b>School Administrator</b>		Name of Employer <b>West Haven Bd of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Brien</b>		First <b>Ronald</b>		MI <b>NY</b>	Contribution ID # <b>0632</b>
Residential Street Address <b>20 Old Mamaroneck Rd</b>		City <b>White Plains</b>		State <b>NY</b>	Zip Code <b>10605</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Alliance Comm'l Property LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Frantz</b>		First <b>Jeffrey</b>		MI <b>G</b>	Contribution ID # <b>0633</b>
Residential Street Address <b>2001 15th T N # 807</b>		City <b>Arlington</b>		State <b>VA</b>	Zip Code <b>22201</b>
Principal Occupation <b>consultant</b>		Name of Employer <b>Garrett Financial</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Vimini</b>		First <b>Peter</b>		MI	Contribution ID # <b>0634</b>
Residential Street Address <b>125 Butternut Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>Vimini Valuation Svs, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Vimini</b>		First <b>Sharon</b>		MI	Contribution ID # <b>0635</b>
Residential Street Address <b>125 Butternut Ln</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Casella</b>		First <b>Nicola (Nick)</b>		MI	Contribution ID # <b>0636</b>
Residential Street Address <b>127 Sentinel Hill Rd</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Health Insurance Assoc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Landino</b>		First <b>Anthony</b>		MI <b>R</b>	Contribution ID # <b>0637</b>
Residential Street Address <b>2 Winding Brook Rd</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Wieczorek		First Joann		MI E	Contribution ID # 0638
Residential Street Address 89 Worth Ave		City Hamden		State CT	Zip Code 06518
Principal Occupation Receptionist		Name of Employer Health Ins Associates			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Vimini		First Sean		MI	Contribution ID # 0639
Residential Street Address 1869 Post Rd E		City Westport		State CT	Zip Code 06880
Principal Occupation Director of Recruiting		Name of Employer USI Securities			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Coletta		First Lorenzo		MI	Contribution ID # 0640
Residential Street Address 14 Elmhurst Ter		City West Haven		State CT	Zip Code 06516
Principal Occupation restaurant owner		Name of Employer Lorenzo's Restaurant			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Forest		First Lee		MI	Contribution ID # 0641
Residential Street Address 35 Greenwood Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Physician		Name of Employer Self-Fairfield Family Physicians			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Coletta</b>		First <b>Lorenzo</b>		MI	Contribution ID # <b>0642</b>
Residential Street Address <b>90 Pert Rd</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06416</b>
Principal Occupation <b>Cook</b>		Name of Employer <b>Lorenzo's Restaurant</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wells</b>		First <b>Paul</b>		MI	Contribution ID # <b>0643</b>
Residential Street Address <b>52 Broadway</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06460</b>
Principal Occupation <b>Sheetrocker</b>		Name of Employer <b>Well Precision Drywall/Taping</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Casella</b>		First <b>Elisa</b>		MI <b>S</b>	Contribution ID # <b>0644</b>
Residential Street Address <b>127 Sentinel Hill Rd</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Operator</b>		Name of Employer <b>Veterans Hospital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>DiMaio</b>		First <b>Craig</b>		MI <b>W</b>	Contribution ID # <b>0645</b>
Residential Street Address <b>39 Wall Ave</b>		City <b>Valhalla</b>		State <b>NY</b>	Zip Code <b>10595</b>
Principal Occupation <b>employee</b>		Name of Employer <b>AGR Realty Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>DiMaio</b>		First <b>Susan</b>		MI	Contribution ID # <b>0646</b>
Residential Street Address <b>35 Abbey Pl</b>		City <b>Yonkers</b>		State <b>NY</b>	Zip Code <b>10701</b>
Principal Occupation <b>General Partner</b>		Name of Employer <b>AGR Realty Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Arteaga</b>		First <b>Narcisa</b>		MI <b>L</b>	Contribution ID # <b>0647</b>
Residential Street Address <b>71 Cherry Ln</b>		City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897</b>
Principal Occupation <b>Finance Manager</b>		Name of Employer <b>AGR Realty Co</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bernacchia</b>		First <b>Gerald</b>		MI	Contribution ID # <b>0648</b>
Residential Street Address <b>48 Harbor Rd</b>		City <b>Southport</b>		State <b>CT</b>	Zip Code <b>06890</b>
Principal Occupation <b>Principal</b>		Name of Employer <b>Mercator Companies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dinelely</b>		First <b>Stephen</b>		MI	Contribution ID # <b>0674</b>
Residential Street Address <b>47 Chatham Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>Dineley painting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Huang</b>		First <b>Renee</b>		MI	Contribution ID # <b>0683</b>
Residential Street Address <b>125 Catullo Dr</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Controller</b>		Name of Employer <b>Agency on aging</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Zheng</b>		First <b>Danian</b>		MI	Contribution ID # <b>0667</b>
Residential Street Address <b>33 Pansy Cir</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>GE</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Liu</b>		First <b>Jeffrey</b>		MI <b>S</b>	Contribution ID # <b>0664</b>
Residential Street Address <b>10800 McCombs Apt 8102</b>		City <b>El Paso</b>		State <b>TX</b>	Zip Code <b>79924</b>
Principal Occupation <b>Healthcare Admin</b>		Name of Employer <b>U.S. Army</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>RITACCO</b>		First <b>SALVATORE</b>		MI	Contribution ID # <b>0661</b>
Residential Street Address <b>84 Liberty St</b>		City <b>Pawcatuck</b>		State <b>CT</b>	Zip Code <b>06379</b>
Principal Occupation <b>ATTORNEY</b>		Name of Employer <b>LAW OFFICE OF SALVATORE RITACCO, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/25/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Dunn		First John		MI C	Contribution ID # 0677
Residential Street Address 84 Far Horizon Dr		City Easton		State CT	Zip Code 06612
Principal Occupation Sales guy		Name of Employer Presidio			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Zahner		First Beat		MI CT	Contribution ID # 0608
Residential Street Address 45 E Point Lookout		City Milford		State CT	Zip Code 06460
Principal Occupation Owner		Name of Employer American Frozen Foods			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Giordanella		First Frank		MI CT	Contribution ID # 0609
Residential Street Address 3 Gibson Ave		City Trumbull		State CT	Zip Code 06611
Principal Occupation ret		Name of Employer ret			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Garrett		First Michael		MI CT	Contribution ID # 0610
Residential Street Address 49 Weber Ave		City Bridgeport		State CT	Zip Code 06610
Principal Occupation ret		Name of Employer ret			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$5.00	\$5.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Malone		First Alice		MI	Contribution ID # 0611
Residential Street Address 260 Milbank Ave		City Greenwich		State CT	Zip Code 06830
Principal Occupation Executive		Name of Employer A Royal Flush			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Tyszka		First Mark		MI	Contribution ID # 0612
Residential Street Address 262 Tuntis Rd		City West Hartford		State CT	Zip Code 06107
Principal Occupation Director, HR		Name of Employer CT Public Affiss Network			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/25/2017	Aggregate Contributions \$20.00	\$20.00

Last Name Herbst		First John		MI	Contribution ID # 0670
Residential Street Address 14 Meadow Rd		City Clinton		State CT	Zip Code 06413
Principal Occupation Contractor		Name of Employer Self-Paramont Restorations			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03292017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/26/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Xu		First Ye		MI	Contribution ID # 0662
Residential Street Address 154 Ansonia Rd		City New Haven		State CT	Zip Code 06525
Principal Occupation scientist		Name of Employer Unilever			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/26/2017	Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pizarro</b>		First <b>Daniel</b>		MI	Contribution ID # <b>0673</b>
Residential Street Address <b>1491 Huntington Tpke</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Aid</b>		Name of Employer <b>City of Bridgeport</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hewsenian</b>		First <b>Rosalind</b>		MI <b>M</b>	Contribution ID # <b>0656</b>
Residential Street Address <b>320 Stamford Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>Helmsley Trust</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03162017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Hsieh</b>		First <b>Yona</b>		MI	Contribution ID # <b>0627</b>
Residential Street Address <b>48 Harbor Rd</b>		City <b>Southport</b>		State <b>CT</b>	Zip Code <b>06890</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zhang</b>		First <b>Xiaodong</b>		MI	Contribution ID # <b>0732</b>
Residential Street Address <b>40 Updikes Mill Rd</b>		City <b>Belle Mead</b>		State <b>NJ</b>	Zip Code <b>08502</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Dow</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Nie</b>		First <b>Zhe</b>		MI	Contribution ID # <b>0738</b>
Residential Street Address <b>17104 Monterey Ridge Way</b>		City <b>San Diego</b>		State <b>CA</b>	Zip Code <b>92127</b>
Principal Occupation <b>scientist</b>		Name of Employer <b>Celgene Quanticel Research</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>RAPPOPORT</b>		First <b>WILLIAM</b>		MI	Contribution ID # <b>0723</b>
Residential Street Address <b>413 Sky Top Dr .</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>President</b>		Name of Employer <b>American Frozen Foods</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Leone</b>		First <b>Joanna</b>		MI <b>M</b>	Contribution ID # <b>0702</b>
Residential Street Address <b>32 Dale Rd Trumbull Ct</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Temporary/Substitute Secretary/Building Substitute</b>		Name of Employer <b>Trumbull Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kiley</b>		First <b>Kathleen</b>		MI <b>J</b>	Contribution ID # <b>0703</b>
Residential Street Address <b>25 Palisade Ave</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Writer</b>		Name of Employer <b>Self-Gardening Gals</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/26/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name schwartz		First stuart		MI	Contribution ID # 0704
Residential Street Address 29 High Ridge Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation SVP of Sales			Name of Employer IST Management Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/26/2017	
				Aggregate Contributions \$100.00	

Last Name Patrignelli		First Robert		MI J	Contribution ID # 0721
Residential Street Address 478 Lalley Blvd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Dermatologist			Name of Employer Self-Robert J Patrignelli MD PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/27/2017	
				Aggregate Contributions \$100.00	

Last Name Sidell		First Scott		MI	Contribution ID # 0729
Residential Street Address 21 Old Mill Rd		City Westport		State CT	Zip Code 06880
Principal Occupation Finance			Name of Employer Self-First Sustainable		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/27/2017	
				Aggregate Contributions \$25.00	

Last Name Bria		First Jaclyn		MI M	Contribution ID # 0687
Residential Street Address 1642 New Haven Ave		City Milford		State CT	Zip Code 06460
Principal Occupation Student			Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/27/2017	
				Aggregate Contributions \$100.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>mahlstedt</b>		First <b>steven</b>		MI <b>a</b>	Contribution ID # <b>0699</b>
Residential Street Address <b>60 Stemway Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>real estate</b>		Name of Employer <b>Self-ASM Appraisals</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Cao</b>		First <b>Lilun</b>		MI	Contribution ID # <b>0700</b>
Residential Street Address <b>23 Highwood Pl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>IT Professional</b>		Name of Employer <b>Factset Research Systems</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Luo</b>		First <b>Yuzhe</b>		MI	Contribution ID # <b>0701</b>
Residential Street Address <b>23 Highwood Pl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>IT Professional</b>		Name of Employer <b>St. Vincent's Medical Center</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$75.00</b>

Last Name <b>Matranga</b>		First <b>Kent</b>		MI	Contribution ID # <b>0739</b>
Residential Street Address <b>27701 Deputy Cir</b>		City <b>Laguna Hills</b>		State <b>CA</b>	Zip Code <b>92653</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>Bomel Construction Company</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Matranga</b>		First <b>Robert</b>		MI	Contribution ID # <b>0742</b>
Residential Street Address <b>3 Pelican Crest Dr</b>		City <b>Newport Coast</b>		State <b>CA</b>	Zip Code <b>92657-1804</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dizenzo</b>		First <b>William</b>		MI <b>S</b>	Contribution ID # <b>0778</b>
Residential Street Address <b>5 Old Hollow Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Dizenzo</b>		First <b>Shirley</b>		MI <b>S</b>	Contribution ID # <b>0779</b>
Residential Street Address <b>5 Old Hollow Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Raphael</b>		First <b>Bob</b>		MI	Contribution ID # <b>0791</b>
Residential Street Address <b>3223 N Lockwood Ridge Rd # 199</b>		City <b>Sarasota</b>		State <b>FL</b>	Zip Code <b>34234</b>
Principal Occupation <b>Consultant, Senior Mgr</b>		Name of Employer <b>TaxServ, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Sherlach</b>		First <b>William</b>		MI	Contribution ID # <b>0649</b>
Residential Street Address <b>31 Vintage Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Financial Advisor</b>		Name of Employer <b>Morgan Stanley</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ambrose</b>		First <b>Peter</b>		MI	Contribution ID # <b>0650</b>
Residential Street Address <b>830 Burr St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>self-Law Offices of Peter Ambrose</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bacchiochi</b>		First <b>David</b>		MI	Contribution ID # <b>0651</b>
Residential Street Address <b>3 Charter Ave</b>		City <b>Stafford Springs</b>		State <b>CT</b>	Zip Code <b>06076</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>self-Route190 Construction LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Banisch</b>		First <b>Thomas J</b>		MI	Contribution ID # <b>0684</b>
Residential Street Address <b>554 Boston Post Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>First Selectman</b>		Name of Employer <b>Town of Madison CT</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Swan</b>		First <b>Amy</b>		MI	Contribution ID # <b>0669</b>
Residential Street Address <b>1 White Oak Dr</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>School Psychologist</b>		Name of Employer <b>Ledyard Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Li</b>		First <b>Larry</b>		MI <b>X</b>	Contribution ID # <b>0678</b>
Residential Street Address <b>50 Sunrise Dr .</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Eversource</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/27/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zhang</b>		First <b>Bowu</b>		MI	Contribution ID # <b>0663</b>
Residential Street Address <b>25 Mountaincrest Dr</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>President</b>		Name of Employer <b>Brothers Group Of America INC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03252017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Xu</b>		First <b>Dan</b>		MI	Contribution ID # <b>0681</b>
Residential Street Address <b>20 Meadow Brook Pl</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Miller		First William		MI K	Contribution ID # 0692
Residential Street Address 18 Swan Ave		City Seymour		State CT	Zip Code 06483
Principal Occupation First Selectman		Name of Employer Town of Seymour			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Komninakas		First Ignatius		MI	Contribution ID # 0693
Residential Street Address 19 Hubbell Ln		City Shelton		State CT	Zip Code 06484
Principal Occupation Doctor		Name of Employer Self-Valley Orthapedic Specialist			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Komninakas		First Christina		MI	Contribution ID # 0694
Residential Street Address 19 Hubbell Ln		City Shelton		State CT	Zip Code 06484
Principal Occupation SLP		Name of Employer Town of shelton			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Perillo		First Jason		MI	Contribution ID # 0695
Residential Street Address 454 Coram Ave		City Shelton		State CT	Zip Code 06484
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Liu</b>		First <b>Bin</b>		MI	Contribution ID # <b>0696</b>
Residential Street Address <b>101 Victoria Ct</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06514</b>
Principal Occupation <b>MPS</b>		Name of Employer <b>Edgewell</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Venditti</b>		First <b>Steven</b>		MI	Contribution ID # <b>0697</b>
Residential Street Address <b>124 Canoe Brook Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Self-Sparc Fire Protection Engineering</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rauso, Jr</b>		First <b>Alex</b>		MI <b>J</b>	Contribution ID # <b>0698</b>
Residential Street Address <b>9 Jamestown Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Deputy Fire Marshal</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Martin, Sr</b>		First <b>Kenneth</b>		MI <b>M</b>	Contribution ID # <b>0626</b>
Residential Street Address <b>1676 Huntington Tnpk</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>real Estate Sales</b>		Name of Employer <b>William Raveis Real Estate</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Mallone</b>		First <b>Melissa</b>		MI	Contribution ID # <b>0797</b>
Residential Street Address <b>41 Chalon Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Office Manager</b>		Name of Employer <b>Barish &amp; O'Brien</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mallone</b>		First <b>Michael</b>		MI	Contribution ID # <b>0798</b>
Residential Street Address <b>41 Chalon Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Cost Analyst</b>		Name of Employer <b>Nuovo Pasta Productions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Provenzano</b>		First <b>Dorothy</b>		MI	Contribution ID # <b>0780</b>
Residential Street Address <b>147 Broadway</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Sather</b>		First <b>Timothy</b>		MI	Contribution ID # <b>0740</b>
Residential Street Address <b>71 Inwood Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611-3623</b>
Principal Occupation <b>School Counselor</b>		Name of Employer <b>Easton Public Schools</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Manzione</b>		First <b>Lisa</b>		MI	Contribution ID # <b>0733</b>
Residential Street Address <b>10 Avolet Ct</b>		City <b>Mount Sinai</b>		State <b>NY</b>	Zip Code <b>11766</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Half Hollow Hills</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Wang</b>		First <b>Yibing</b>		MI	Contribution ID # <b>0737</b>
Residential Street Address <b>3213 La Encina Waylthe</b>		City <b>Pasadena</b>		State <b>CA</b>	Zip Code <b>91107</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Samsung</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Song</b>		First <b>Changqing</b>		MI	Contribution ID # <b>0690</b>
Residential Street Address <b>65 Green Hill Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>Software Q/A analyst</b>		Name of Employer <b>Bentley Systems, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Wang</b>		First <b>Yang</b>		MI	Contribution ID # <b>0728</b>
Residential Street Address <b>40 Guyer Rd</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>librarian</b>		Name of Employer <b>Town of Greenwich</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/28/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name chen		First yancheng		MI	Contribution ID # 0724
Residential Street Address 32 White Oak Shade Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Financial		Name of Employer Ziliang Ni			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Librandi		First Rob		MI S	Contribution ID # 0720
Residential Street Address 30 Verona Ct		City Stratford		State CT	Zip Code 06615
Principal Occupation Town planner		Name of Employer Town of Trumbull			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name WENG		First XINLONG		MI	Contribution ID # 0718
Residential Street Address 46 Burr St		City Easton		State CT	Zip Code 06612
Principal Occupation PROFESSOR		Name of Employer UNIVERSITY OF BRIDGEPORT			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/28/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Patrick		First Lisa		MI	Contribution ID # 0744
Residential Street Address 37 Great Rd		City Barrington		State RI	Zip Code 02806
Principal Occupation homemaker		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 03/29/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Romagnoli</b>		First <b>Thomas</b>		MI	Contribution ID # <b>0745</b>
Residential Street Address <b>237 Wolcott Hill Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109</b>
Principal Occupation <b>Asst Director Operations</b>		Name of Employer <b>Downes Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Fraioli</b>		First <b>John</b>		MI	Contribution ID # <b>0746</b>
Residential Street Address <b>33 Wettleson Ave</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>
Principal Occupation <b>Const Supt</b>		Name of Employer <b>Downes Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Raiti</b>		First <b>Michelle</b>		MI	Contribution ID # <b>0747</b>
Residential Street Address <b>200 Saw Mill Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Interior Designer</b>		Name of Employer <b>self-Michelle Raiti Interior Design</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Raiti</b>		First <b>Adam</b>		MI <b>J</b>	Contribution ID # <b>0748</b>
Residential Street Address <b>200 Saw Mill Rd</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>teacher</b>		Name of Employer <b>Region 18 Bd of Ed</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Anderson</b>		First <b>Jeffrey</b>		MI <b>S</b>	Contribution ID # <b>0749</b>
Residential Street Address <b>367 Brimfield Rd</b>		City <b>Wethersfield</b>		State <b>CT</b>	Zip Code <b>06109</b>
Principal Occupation <b>Operations Director</b>		Name of Employer <b>Downes Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Debbane</b>		First <b>Raymond</b>		MI <b>CT</b>	Contribution ID # <b>0750</b>
Residential Street Address <b>10 Quail Rd</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831</b>
Principal Occupation <b>CEO</b>		Name of Employer <b>The Invus Group, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Verdisco</b>		First <b>Patsy</b>		MI <b>CT</b>	Contribution ID # <b>0751</b>
Residential Street Address <b>46 Lauderdale Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mangione</b>		First <b>Lina</b>		MI <b>CT</b>	Contribution ID # <b>0752</b>
Residential Street Address <b>49 Cedar Ln</b>		City <b>Oxford</b>		State <b>CT</b>	Zip Code <b>06478</b>
Principal Occupation <b>ret</b>		Name of Employer <b>ret</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Woods</b>		First <b>Michael</b>		MI <b>R</b>	Contribution ID # <b>0753</b>
Residential Street Address <b>565 Epworth Church Rd</b>		City <b>Cana</b>		State <b>VA</b>	Zip Code <b>24317</b>
Principal Occupation <b>none</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Forrest</b>		First <b>Melody</b>		MI <b>CT</b>	Contribution ID # <b>0754</b>
Residential Street Address <b>73 W Wharf</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Abbatello</b>		First <b>Chris</b>		MI <b>CT</b>	Contribution ID # <b>0755</b>
Residential Street Address <b>3 Oleander Dr</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Electronic Wiring</b>		Name of Employer <b>Doltronics Electronics</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bousquet</b>		First <b>Gary</b>		MI <b>CT</b>	Contribution ID # <b>0756</b>
Residential Street Address <b>47 Kelseytown Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>owner</b>		Name of Employer <b>Grovegardens Landscaping</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Farmer</b>	First <b>Bruce</b>	MI <b>N</b>	Contribution ID # <b>0757</b>
Residential Street Address <b>1 Liberty Vlg</b>	City <b>Clinton</b>	State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>First Selectman</b>	Name of Employer <b>Town of Clinton</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>
Amount of Contribution <b>\$100.00</b>			

Last Name <b>Anderson</b>	First <b>Jennifer</b>	MI <b></b>	Contribution ID # <b>0758</b>
Residential Street Address <b>208 Neck Rd</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Office Manager</b>	Name of Employer <b>A&amp;L Tree Experts</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>
Amount of Contribution <b>\$100.00</b>			

Last Name <b>Anderson</b>	First <b>Richard</b>	MI <b></b>	Contribution ID # <b>0759</b>
Residential Street Address <b>208 Neck Rd</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Tree Service/Owner</b>	Name of Employer <b>Provider Inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>
Amount of Contribution <b>\$100.00</b>			

Last Name <b>Giannotti</b>	First <b>John</b>	MI <b></b>	Contribution ID # <b>0760</b>
Residential Street Address <b>71 Platt Rd</b>	City <b>Clinton</b>	State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>contractor</b>	Name of Employer <b>self-Waterside Bldg Dev</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>
Amount of Contribution <b>\$100.00</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Seeger</b>		First <b>David</b>		MI	Contribution ID # <b>0761</b>
Residential Street Address <b>71 Olde Orchard Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>carpenter</b>		Name of Employer <b>self-Full Home Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Forrest</b>		First <b>Lance</b>		MI	Contribution ID # <b>0762</b>
Residential Street Address <b>514 Post Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Dealer</b>		Name of Employer <b>Self-Factory Direct Hot Tubs</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Forrest</b>		First <b>Diane</b>		MI	Contribution ID # <b>0763</b>
Residential Street Address <b>514 Post Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Taylor</b>		First <b>Susan</b>		MI <b>F</b>	Contribution ID # <b>0764</b>
Residential Street Address <b>20 High Fields Ln</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>restaurant owner</b>		Name of Employer <b>Self-Cristy's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <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
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**B. Itemized Contributions from Individuals**

Last Name <b>Taylor</b>		First <b>Roger</b>		MI <b>F</b>	Contribution ID # <b>0765</b>
Residential Street Address <b>20 High Fields Ln</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>restaurant owner</b>		Name of Employer <b>Self-Cristy's</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Perrotti</b>		First <b>David</b>		MI <b></b>	Contribution ID # <b>0766</b>
Residential Street Address <b>37 Ceder Island Ave</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Member/Manager</b>		Name of Employer <b>Sweitzer Waste Removal</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coassin</b>		First <b>Emily</b>		MI <b></b>	Contribution ID # <b>0767</b>
Residential Street Address <b>5 Westland Rd</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Coassin, Jr</b>		First <b>Lawrence</b>		MI <b>P</b>	Contribution ID # <b>0768</b>
Residential Street Address <b>5 Westland Rd</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06517</b>
Principal Occupation <b>owner</b>		Name of Employer <b>ATP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <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
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**B. Itemized Contributions from Individuals**

Last Name <b>Atkinson</b>		First <b>Peter</b>		MI <b>T</b>	Contribution ID # <b>0769</b>
Residential Street Address <b>3 Elm St</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371</b>
Principal Occupation <b>Builder</b>		Name of Employer <b>self-Woodland Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Carmody</b>		First <b>Robert</b>		MI <b></b>	Contribution ID # <b>0770</b>
Residential Street Address <b>11 Walnut Hill Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>Plumber/Owner</b>		Name of Employer <b>Affordable Plumber</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Francis</b>		First <b>Donna</b>		MI <b></b>	Contribution ID # <b>0771</b>
Residential Street Address <b>114 Pratt Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>RN</b>		Name of Employer <b>All About You Homecare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Carney</b>		First <b>Devin</b>		MI <b>R</b>	Contribution ID # <b>0772</b>
Residential Street Address <b>99 Grassy Hill Rd</b>		City <b>Old Lyme</b>		State <b>CT</b>	Zip Code <b>06371</b>
Principal Occupation <b>Legislator</b>		Name of Employer <b>State of Ct</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Altieri</b>		First <b>Carol</b>		MI	Contribution ID # <b>0809</b>
Residential Street Address <b>67 Boston Post Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Beckwith</b>		First <b>Paul</b>		MI <b>S</b>	Contribution ID # <b>0812</b>
Residential Street Address <b>606 Racebrook Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>Supervisor</b>		Name of Employer <b>Valley Tool</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Bellitto, Jr</b>		First <b>Robert</b>		MI <b>B</b>	Contribution ID # <b>0813</b>
Residential Street Address <b>83 Wheeler Park Ave</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self-Bellitto &amp; Bellitto, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Clark</b>		First <b>Steven</b>		MI <b>A</b>	Contribution ID # <b>0835</b>
Residential Street Address <b>58 Madison Springs Dr</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Bohonnon Law Firm</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Chen</b>		First <b>Bill</b>		MI	Contribution ID # <b>0829</b>
Residential Street Address <b>15 Faxon Dr</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Ginza Corp</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chin</b>		First <b>William</b>		MI <b>B</b>	Contribution ID # <b>0832</b>
Residential Street Address <b>333 Christian St</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492</b>
Principal Occupation <b>Director of Information Technology</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Chase</b>		First <b>Ted</b>		MI	Contribution ID # <b>0980</b>
Residential Street Address <b>27 Francis St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Relationship Manager</b>		Name of Employer <b>Webster Bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Palmieri</b>		First <b>Matt</b>		MI	Contribution ID # <b>0924</b>
Residential Street Address <b>27 Park View Ln</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Executive</b>		Name of Employer <b>Universal Insurance</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Shao</b>		First <b>Mei</b>		MI	Contribution ID # <b>0944</b>
Residential Street Address <b>668 Estelle Ct</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>Alexion</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$75.00</b>

Last Name <b>Smiga</b>		First <b>Karen</b>		MI <b>R</b>	Contribution ID # <b>0947</b>
Residential Street Address <b>132 Sweeping Mist Cir</b>		City <b>Frederica</b>		State <b>DE</b>	Zip Code <b>19946</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$10.00</b>

Last Name <b>Walsh</b>		First <b>Edward</b>		MI	Contribution ID # <b>0954</b>
Residential Street Address <b>4 Longview Heights Rd</b>		City <b>Newtown</b>		State <b>CT</b>	Zip Code <b>06470</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Bai,Pollock,Blueweiss</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zhao</b>		First <b>QIAN</b>		MI	Contribution ID # <b>0973</b>
Residential Street Address <b>93 Hintz Dr</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492</b>
Principal Occupation <b>analyst</b>		Name of Employer <b>Abosyn Chemicals Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Gao</b>		First <b>Xiang</b>		MI	Contribution ID # <b>0865</b>
Residential Street Address <b>7 Franklins Way</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Clinical pharmacologist</b>		Name of Employer <b>Alexion</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>He</b>		First <b>Jianchun</b>		MI	Contribution ID # <b>0877</b>
Residential Street Address <b>154 Ansonia Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>research</b>		Name of Employer <b>Yale</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$25.00</b>

Last Name <b>Li</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0890</b>
Residential Street Address <b>132 Long Lots Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$75.00</b>

Last Name <b>Lou</b>		First <b>Xiaojia</b>		MI	Contribution ID # <b>0894</b>
Residential Street Address <b>33 Wampum Hill Rd</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883</b>
Principal Occupation <b>Accountant</b>		Name of Employer <b>Hexcel Corporation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/29/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Lee</b>		First <b>Nancy</b>		MI <b>C</b>	Contribution ID # <b>0887</b>
Residential Street Address <b>29 Cobblers Hill Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>RN</b>		Name of Employer <b>United Healthcare</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Durante</b>		First <b>John</b>		MI <b>E</b>	Contribution ID # <b>0858</b>
Residential Street Address <b>738 S 3rd Ave</b>		City <b>Mt Vernon</b>		State <b>NY</b>	Zip Code <b>10550</b>
Principal Occupation <b>Construction</b>		Name of Employer <b>Durante Rentals</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Fang</b>		First <b>Hong</b>		MI <b>CT</b>	Contribution ID # <b>0859</b>
Residential Street Address <b>22 Perkins Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>No</b>		Name of Employer <b>No</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Feldman</b>		First <b>Christopher</b>		MI <b>H</b>	Contribution ID # <b>0860</b>
Residential Street Address <b>3 Franklin Ave Apt 5N</b>		City <b>White Plains</b>		State <b>NY</b>	Zip Code <b>10601</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Harris Beach PLLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Gorcyc		First Katherine		MI	Contribution ID # 0870
Residential Street Address 1 Madison Ct		City Morristown		State NJ	Zip Code 07960
Principal Occupation Market Access		Name of Employer Janssen			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Gould		First Joan		MI C	Contribution ID # 0871
Residential Street Address 157 Deerfield Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$50.00

Last Name Guo		First Honggang		MI	Contribution ID # 0874
Residential Street Address 39 Sheridan Dr		City New Canaan		State CT	Zip Code 06840
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$25.00	\$25.00

Last Name french		First john		MI e	Contribution ID # 0864
Residential Street Address 497 High St		City Willimantic		State CT	Zip Code 06226
Principal Occupation home designer		Name of Employer Self-willimantic interior design gallery llc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Hammers</b>		First <b>Lynwood</b>		MI	Contribution ID # <b>0876</b>
Residential Street Address <b>59 Coventry Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Radiologist</b>		Name of Employer <b>Self-Hammers Healthcare Imaging</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Magnano</b>		First <b>David</b>		MI	Contribution ID # <b>0898</b>
Residential Street Address <b>50 West Ave</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>Self-Trident Builders LLC / Surface Elements</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Malin</b>		First <b>Sheri</b>		MI <b>W</b>	Contribution ID # <b>0900</b>
Residential Street Address <b>68 Gatehouse Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Marini</b>		First <b>Robert</b>		MI	Contribution ID # <b>0901</b>
Residential Street Address <b>47 Glenbrook Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Construction</b>		Name of Employer <b>RAM Building Group, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Marino</b>		First <b>Debra</b>		MI <b>B</b>	Contribution ID # <b>0903</b>
Residential Street Address <b>830 Bayberry Ln</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>ATTORNEY</b>		Name of Employer <b>Self-Law Offices of Debra B. Marino, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Michalek</b>		First <b>Barbara</b>		MI <b></b>	Contribution ID # <b>0908</b>
Residential Street Address <b>3-2 Canterbury Ct</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>Behavior Analyst</b>		Name of Employer <b>Contractor</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Miranda</b>		First <b>John</b>		MI <b>D</b>	Contribution ID # <b>0910</b>
Residential Street Address <b>124 Knapp St</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Real estste</b>		Name of Employer <b>William raveis</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mudge</b>		First <b>Diane</b>		MI <b></b>	Contribution ID # <b>0913</b>
Residential Street Address <b>125 Bradford Walk</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Keysight Technologies</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Nuzie</b>		First <b>Matt</b>		MI	Contribution ID # <b>0917</b>
Residential Street Address <b>125 Sturbridge Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>Remax</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>OConnor</b>		First <b>Brian</b>		MI <b>P</b>	Contribution ID # <b>0918</b>
Residential Street Address <b>18 Yorktown Cir</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Infor</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>O'Hora</b>		First <b>Maureen</b>		MI <b>B</b>	Contribution ID # <b>0919</b>
Residential Street Address <b>382 White Oak Shade Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Marketing Director</b>		Name of Employer <b>Zotos Professional</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>O'Hora</b>		First <b>James</b>		MI <b>T</b>	Contribution ID # <b>0920</b>
Residential Street Address <b>382 White Oak Shade Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Financial Services-</b>		Name of Employer <b>Self-Independent Contractor-Irish Stock Exchange</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name London		First Michael		MI J	Contribution ID # 0892
Residential Street Address 15 Lake Ave		City Trumbull		State CT	Zip Code 06611
Principal Occupation Public relations		Name of Employer Self-Michael J London & Associates			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Longo		First Patricia		MI M	Contribution ID # 0893
Residential Street Address 8 Norden Pl # 163		City Norwalk		State CT	Zip Code 06855
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name O'Malley		First Sheila		MI	Contribution ID # 0922
Residential Street Address 37 Booth Ave		City Oakville		State CT	Zip Code 06779
Principal Occupation ED		Name of Employer City of Ansonia			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name owen, Sr		First davis		MI e	Contribution ID # 0923
Residential Street Address 2083 Main St		City Stratford		State CT	Zip Code 06615
Principal Occupation realestate		Name of Employer Self-Owen REO, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pannese</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0927</b>
Residential Street Address <b>45 Folino Dr</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Funeral Director</b>		Name of Employer <b>Self-Galello-Luchansky Funeral Home</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Papantones</b>		First <b>Melissa</b>		MI <b>J</b>	Contribution ID # <b>0928</b>
Residential Street Address <b>98 Alden Ave</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Allstate Insurance Co.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Wang</b>		First <b>Xiang</b>		MI	Contribution ID # <b>0957</b>
Residential Street Address <b>33 Wampum Hill Rd</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883</b>
Principal Occupation <b>Team Lead</b>		Name of Employer <b>Transamerica</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>YAN</b>		First <b>DONGHUI</b>		MI	Contribution ID # <b>0967</b>
Residential Street Address <b>84 Maplevale Dr</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Faculty member</b>		Name of Employer <b>UMass Dartmouth</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Yang</b>		First <b>Zhifeng</b>		MI	Contribution ID # <b>0968</b>
Residential Street Address <b>1263 Brooklawn Ave</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Partner</b>		Name of Employer <b>Artisan Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Yang</b>		First <b>Xinning</b>		MI	Contribution ID # <b>0969</b>
Residential Street Address <b>10245 Tuscany Rd</b>		City <b>Ellicott City</b>		State <b>MD</b>	Zip Code <b>21042</b>
Principal Occupation <b>Professional</b>		Name of Employer <b>Fda</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$28.00</b>	<b>\$28.00</b>

Last Name <b>St Germain</b>		First <b>Gregory</b>		MI	Contribution ID # <b>0948</b>
Residential Street Address <b>29 Quaker Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Student</b>		Name of Employer <b>Student</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>WEISMAN</b>		First <b>BEN</b>		MI	Contribution ID # <b>0960</b>
Residential Street Address <b>73 Sturbridge Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>physician</b>		Name of Employer <b>pulmonary&amp;internal medicine</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>wEISS</b>		First <b>Marshall</b>		MI <b>S</b>	Contribution ID # <b>0961</b>
Residential Street Address <b>327 Weeping Willow La</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Tax professional</b>		Name of Employer <b>Self-Marshall Weiss Tax Preparation, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Whetstone</b>		First <b>Paul</b>		MI <b>CT</b>	Contribution ID # <b>0962</b>
Residential Street Address <b>29 Quaker Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Medical Equipment</b>		Name of Employer <b>Self-Cambridge Medical Equipment</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>wu</b>		First <b>david</b>		MI <b>CT</b>	Contribution ID # <b>0963</b>
Residential Street Address <b>39 Chamberlain Ct .</b>		City <b>Cheshire</b>		State <b>CT</b>	Zip Code <b>06410</b>
Principal Occupation <b>dentist</b>		Name of Employer <b>ALICE YANG FAMILY DENTISTRY</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Shiffrin</b>		First <b>Mark</b>		MI <b>A</b>	Contribution ID # <b>0945</b>
Residential Street Address <b>2 Brewery Sq</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06513</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Self-Law Office of Mark A. Shiffrin</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Pires</b>		First <b>Michael</b>		MI <b>A</b>	Contribution ID # <b>0937</b>
Residential Street Address <b>31 Mimosa Ln</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Police Sargent</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Timins</b>		First <b>Daniel</b>		MI <b>NY</b>	Contribution ID # <b>0950</b>
Residential Street Address <b>477 Madison Ave</b>		City <b>New York</b>		State <b>NY</b>	Zip Code <b>10022</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Law Offices of Daniel Timins</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Perry</b>		First <b>Zachary</b>		MI <b>TX</b>	Contribution ID # <b>0935</b>
Residential Street Address <b>3700 McKinney Ave # 506</b>		City <b>Dallas</b>		State <b>TX</b>	Zip Code <b>75204</b>
Principal Occupation <b>Private Equity</b>		Name of Employer <b>Claremont Square Capital</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Romano</b>		First <b>Paul</b>		MI <b>F</b>	Contribution ID # <b>0940</b>
Residential Street Address <b>44 Highwood Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Insurance Management</b>		Name of Employer <b>TDC Specialty Underwriters</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Zhang</b>		First <b>Myra</b>		MI	Contribution ID # <b>0972</b>
Residential Street Address <b>6 Birch Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>Unilever</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$35.00</b>	<b>\$35.00</b>

Last Name <b>Zhou</b>		First <b>Xiao-hong</b>		MI	Contribution ID # <b>0975</b>
Residential Street Address <b>27 Kachina Way</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>

Last Name <b>Celkupa</b>		First <b>Agif</b>		MI	Contribution ID # <b>0990</b>
Residential Street Address <b>42 Rachel Dr</b>		City <b>Rocky Hill</b>		State <b>CT</b>	Zip Code <b>06067</b>
Principal Occupation <b>cashier</b>		Name of Employer <b>WalMart</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Daly, Jr</b>		First <b>Thomas</b>		MI <b>J</b>	Contribution ID # <b>0846</b>
Residential Street Address <b>35 Appletree Ln</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Student</b>		Name of Employer <b>None</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Delvecchio		First Michael		MI	Contribution ID # 0850
Residential Street Address 14 Maple St		City Trumbull		State CT	Zip Code 06611
Principal Occupation Law Enforcement		Name of Employer Town of Darien			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Coca		First Hanser		MI	Contribution ID # 0836
Residential Street Address 20 Wesley Dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Electrician		Name of Employer County electric			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Cockayne		First Ken		MI	Contribution ID # 0837
Residential Street Address 36 Allen St		City Bristol		State CT	Zip Code 06010
Principal Occupation Mayor		Name of Employer City of Bristol			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Cao		First Yuxin		MI	Contribution ID # 0819
Residential Street Address 1 Florian Ct		City Westport		State CT	Zip Code 06880
Principal Occupation Software Engineer		Name of Employer Oracle			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Carlozzi		First John		MI A	Contribution ID # 0820
Residential Street Address 255 Nassau Rd		City Stratford		State CT	Zip Code 06614
Principal Occupation PT		Name of Employer Self-Strength & Conditioning LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Castaldk		First Kristine		MI L	Contribution ID # 0824
Residential Street Address 115 Porters Hill Rd		City Trumbull		State CT	Zip Code 06611
Principal Occupation Teacher		Name of Employer Easton BOE			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Castaldo		First Anthony		MI M	Contribution ID # 0825
Residential Street Address 115 Porters Hill Rd .		City Trumbull		State CT	Zip Code 06611
Principal Occupation Contractor		Name of Employer Self-TC Construction			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Bollettieri		First Patricia		MI	Contribution ID # 0814
Residential Street Address 215 West Walk		City West Haven		State CT	Zip Code 06516
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/30/2017	Aggregate Contributions \$100.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Bonoff</b>		First <b>Adam</b>		MI <b>G</b>	Contribution ID # <b>0815</b>
Residential Street Address <b>19 Gregory Farm Rd</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Investor</b>		Name of Employer <b>Self-Long Hill Partners, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Arnold</b>		First <b>Martin</b>		MI <b>CT</b>	Contribution ID # <b>0811</b>
Residential Street Address <b>119 Jasmine Cir</b>		City <b>Milford</b>		State <b>CT</b>	Zip Code <b>06461</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Abriola</b>		First <b>Bob</b>		MI <b>CT</b>	Contribution ID # <b>0807</b>
Residential Street Address <b>7 Blake St</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>VP Client Relationship</b>		Name of Employer <b>LogicSource</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Falcigno</b>		First <b>Sabrina</b>		MI <b>CT</b>	Contribution ID # <b>0802</b>
Residential Street Address <b>26 Dillon Rd</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Student</b>		Name of Employer <b>N/A</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
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**B. Itemized Contributions from Individuals**

Last Name <b>Pallenberg</b>		First <b>Renee</b>		MI	Contribution ID # <b>0803</b>
Residential Street Address <b>38 Nortontown</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Management</b>		Name of Employer <b>GSB</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pallenberg</b>		First <b>Carvin</b>		MI	Contribution ID # <b>0804</b>
Residential Street Address <b>38 Nortontown Rd</b>		City <b>Madison</b>		State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Distributor</b>		Name of Employer <b>Riteway Crack Repair</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>MacNaughton</b>		First <b>Richard</b>		MI <b>C</b>	Contribution ID # <b>0786</b>
Residential Street Address <b>152 Arbutus St</b>		City <b>East Hartford</b>		State <b>CT</b>	Zip Code <b>06108</b>
Principal Occupation <b>retired</b>		Name of Employer <b>none</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03242017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Williams, Jr</b>		First <b>Bob</b>		MI <b>R</b>	Contribution ID # <b>0783</b>
Residential Street Address <b>170 Stevenson Rd</b>		City <b>Meriden</b>		State <b>CT</b>	Zip Code <b>06451</b>
Principal Occupation <b>Sale</b>		Name of Employer <b>CSC Serviceworks</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <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
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**B. Itemized Contributions from Individuals**

Last Name <b>Rapini</b>		First <b>Dominic</b>		MI	Contribution ID # <b>0773</b>
Residential Street Address <b>4 Mariners Way</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Sales Mgr</b>		Name of Employer <b>Aggie, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/30/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pierson</b>		First <b>Phyllis</b>		MI <b>R</b>	Contribution ID # <b>0743</b>
Residential Street Address <b>20 Loeffler Rd # T519</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip Code <b>06002</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Mallick</b>		First <b>Arthur</b>		MI <b>C</b>	Contribution ID # <b>0785</b>
Residential Street Address <b>5489 Main St</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Orthodontist</b>		Name of Employer <b>self-Arthur Mallick, DDS</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Wilson</b>		First <b>Linda</b>		MI	Contribution ID # <b>0787</b>
Residential Street Address <b>2030 Old Town Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>homemaker</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Jaworski</b>		First <b>Jennifer</b>		MI	Contribution ID # <b>0789</b>
Residential Street Address <b>900 Shire Rd</b>		City <b>Nokomis</b>		State <b>FL</b>	Zip Code <b>34275</b>
Principal Occupation <b>dentist</b>		Name of Employer <b>Jennifer L Jaworski, DMD</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Yesler</b>		First <b>Boyd</b>		MI <b>M</b>	Contribution ID # <b>0790</b>
Residential Street Address <b>900 Shire Rd</b>		City <b>Nokomis</b>		State <b>FL</b>	Zip Code <b>34275</b>
Principal Occupation <b>dentist</b>		Name of Employer <b>Boyd M Yesler, DMD</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zhou</b>		First <b>Aihua</b>		MI	Contribution ID # <b>0799</b>
Residential Street Address <b>30 Cherry Gate Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>N/A</b>		Name of Employer <b>N/A</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>03252017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Aniskovich</b>		First <b>Christopher</b>		MI	Contribution ID # <b>0800</b>
Residential Street Address <b>28 Ben Merrill Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>mortgage broker</b>		Name of Employer <b>Security Financial Mortgage Corp., LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b><u>03292017A</u></b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Cassella</b>		First <b>Mike</b>		MI	Contribution ID # <b>0801</b>
Residential Street Address <b>55 Beech Tree Rdg</b>		City <b>Killingworth</b>		State <b>CT</b>	Zip Code <b>06419</b>
Principal Occupation <b>President</b>		Name of Employer <b>Premier Stone</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Spotts</b>		First <b>Michael</b>		MI	Contribution ID # <b>0805</b>
Residential Street Address <b>221 E Main St</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>President</b>		Name of Employer <b>Clinton Glass</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Swan</b>		First <b>Robert</b>		MI <b>E</b>	Contribution ID # <b>0806</b>
Residential Street Address <b>147 Roast Mear Hill Rd</b>		City <b>Clinton</b>		State <b>CT</b>	Zip Code <b>06413</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03292017A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Allen</b>		First <b>Chris An n</b>		MI	Contribution ID # <b>0808</b>
Residential Street Address <b>4 Heritage Dr</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776</b>
Principal Occupation <b>CEO/Owner</b>		Name of Employer <b>Danbury Square Box Company</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Ambrose</b>		First <b>Irene</b>		MI	Contribution ID # <b>0810</b>
Residential Street Address <b>830 Burr St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Borres</b>		First <b>Frank</b>		MI <b>P</b>	Contribution ID # <b>0816</b>
Residential Street Address <b>586 Clinton Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>owner</b>		Name of Employer <b>Self-American View Productions, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$5.00</b>	<b>\$5.00</b>

Last Name <b>Broach</b>		First <b>Mark</b>		MI <b>A</b>	Contribution ID # <b>0817</b>
Residential Street Address <b>97 Borglum Rd</b>		City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897</b>
Principal Occupation <b>Portfolio Manager</b>		Name of Employer <b>Manatuck Hill Partners</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Buchsbaum</b>		First <b>Jason</b>		MI <b>A</b>	Contribution ID # <b>0818</b>
Residential Street Address <b>291 Dublin Rd</b>		City <b>Southbury</b>		State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cohen and Wolf, P.C.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Chapman</b>		First <b>Steven</b>		MI <b>J</b>	Contribution ID # <b>0826</b>
Residential Street Address <b>96 Hawthorne Ave .</b>		City <b>Derby</b>		State <b>CT</b>	Zip Code <b>06418</b>
Principal Occupation <b>Chief Ranger</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>chen</b>		First <b>long</b>		MI <b></b>	Contribution ID # <b>0828</b>
Residential Street Address <b>33 Denver Pl</b>		City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06708</b>
Principal Occupation <b>mechanican</b>		Name of Employer <b>albea</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Carroll</b>		First <b>Charles</b>		MI <b>F</b>	Contribution ID # <b>0822</b>
Residential Street Address <b>333 Stamford Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>DLA Piper</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Caruso</b>		First <b>Deirdre</b>		MI <b></b>	Contribution ID # <b>0823</b>
Residential Street Address <b>15 Evening Star Dr</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Town of seymour</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Collins		First Rosemary		MI	Contribution ID # 0838
Residential Street Address 35 Rocky Ridge Rd		City Easton		State CT	Zip Code 06612
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Collins		First Kevin		MI A	Contribution ID # 0839
Residential Street Address 1340 Washington Blvd		City Stamford		State CT	Zip Code 06902
Principal Occupation National Sales Manager		Name of Employer CSM			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Collins		First Sonia		MI M	Contribution ID # 0840
Residential Street Address 67 Cranbury Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation homemaker		Name of Employer not employed			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Collins		First Cassandra		MI	Contribution ID # 0841
Residential Street Address 35 Rocky Ridge Rd		City Easton		State CT	Zip Code 06612
Principal Occupation Sales Manager		Name of Employer Oracle			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Conradi		First Jon		MI	Contribution ID # 0842
Residential Street Address 360 H St NE Apt 204		City Washington		State DC	Zip Code 20002
Principal Occupation Communications		Name of Employer Ingraham Media Group			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Coppola		First Sabrina		MI	Contribution ID # 0843
Residential Street Address 6 Orchard Rd .		City Woodbridge		State CT	Zip Code 06525
Principal Occupation Clinical Researcher		Name of Employer Yale University			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$25.00	\$25.00

Last Name Coppola, Sr		First Lou		MI	Contribution ID # 0844
Residential Street Address 142 Fitch St		City North Haven		State CT	Zip Code 06473
Principal Occupation Owner		Name of Employer Self-Under Construction, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name costa		First anthony		MI	Contribution ID # 0845
Residential Street Address 2160 Titus Path		City Syosset		State NY	Zip Code 11791
Principal Occupation manager		Name of Employer Enviro Express			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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**B. Itemized Contributions from Individuals**

Last Name DiGennaro		First Joseph		MI D	Contribution ID # 0851
Residential Street Address 607 Fairfield Beach Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Student		Name of Employer Fairfield University			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Digennaro		First James		MI t	Contribution ID # 0852
Residential Street Address 607 Fairfield Beach Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name DiGennaro		First Mike		MI M	Contribution ID # 0853
Residential Street Address 607 Fairfield Beach Rd		City Fairfield		State CT	Zip Code 06825
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name DiGennaro		First Phillip		MI M	Contribution ID # 0854
Residential Street Address 112 Strawberry Hill Ave Apt A		City Stamford		State CT	Zip Code 06902
Principal Occupation Real Estate Broker		Name of Employer Stream Capital Partners			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Donle</b>		First <b>Laura</b>		MI <b>J</b>	Contribution ID # <b>0855</b>
Residential Street Address <b>11 Red Brick Ln</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473</b>
Principal Occupation <b>Elementary school teacher</b>		Name of Employer <b>North Haven board of education</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$15.00</b>	<b>\$15.00</b>

Last Name <b>Donofrio</b>		First <b>Suzanne</b>		MI <b>CT</b>	Contribution ID # <b>0856</b>
Residential Street Address <b>4 Nichols Farm Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Firm Administrator</b>		Name of Employer <b>Ciulla &amp; Donofrio, LLP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Du</b>		First <b>Jiangtao</b>		MI <b>CT</b>	Contribution ID # <b>0857</b>
Residential Street Address <b>51 Blueberry Ln</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>INVESTMENT</b>		Name of Employer <b>Self-Crediton Hill LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Daly</b>		First <b>Thomas</b>		MI <b>J</b>	Contribution ID # <b>0847</b>
Residential Street Address <b>35 Appletree Ln</b>		City <b>North Haven</b>		State <b>CT</b>	Zip Code <b>06473-2903</b>
Principal Occupation <b>Thomas J Daly, Attorney at Law</b>		Name of Employer <b>Thomas J Daly, Attorney at Law</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name D'Aprile		First D'Aprile		MI	Contribution ID # 0848
Residential Street Address 83 Two Rod Hwy		City Wethersfield		State CT	Zip Code 06109
Principal Occupation Attorney		Name of Employer Mcelroy			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$25.00	\$25.00

Last Name DeGrado		First Charlotte		MI	Contribution ID # 0849
Residential Street Address 25 Elizabeth St		City Guilford		State CT	Zip Code 06437
Principal Occupation Homemaket		Name of Employer N/A			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Chou		First Lucia		MI	Contribution ID # 0833
Residential Street Address 510 Wood House Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Physician		Name of Employer NEMG			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Ciesielski		First Ed		MI	Contribution ID # 0834
Residential Street Address 42 Rutlee Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation Marketing		Name of Employer Caesarstone			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>CHEN</b>		First <b>HAN</b>		MI	Contribution ID # <b>0830</b>
Residential Street Address <b>379 Miles Rd</b>		City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>
Principal Occupation <b>DBA</b>		Name of Employer <b>YNHH</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$40.00</b>	<b>\$40.00</b>

Last Name <b>Chiappetta</b>		First <b>Mary</b>		MI <b>E</b>	Contribution ID # <b>0831</b>
Residential Street Address <b>1392 Hope St</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907</b>
Principal Occupation <b>Teacher Asst</b>		Name of Employer <b>Town of Darien</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marino</b>		First <b>Doreen</b>		MI	Contribution ID # <b>0991</b>
Residential Street Address <b>66 Brazos Rd</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>AMI Wholesale Dist</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marino</b>		First <b>Frank</b>		MI <b>A</b>	Contribution ID # <b>0992</b>
Residential Street Address <b>66 Brazos Rd</b>		City <b>East Haven</b>		State <b>CT</b>	Zip Code <b>06512</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>AMI Wholesale Dist</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Milewski</b>		First <b>Nancy</b>		MI <b>L</b>	Contribution ID # <b>0993</b>
Residential Street Address <b>25 Jerusalem Hl</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>paralegal</b>		Name of Employer <b>Peter Ambrose, Esq</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Pappas</b>		First <b>Peter</b>		MI <b></b>	Contribution ID # <b>0994</b>
Residential Street Address <b>28 Arbutus Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Caron</b>		First <b>Matthew</b>		MI <b>E</b>	Contribution ID # <b>0979</b>
Residential Street Address <b>4391 Madison Ave .</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Director of Operations</b>		Name of Employer <b>Feldco Development Corp.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$150.00</b>	<b>\$50.00</b>

Last Name <b>mahlstedt</b>		First <b>steven</b>		MI <b>a</b>	Contribution ID # <b>0988</b>
Residential Street Address <b>60 Stemway Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>real estate</b>		Name of Employer <b>Self-ASM Appraisals</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Romano</b>		First <b>kevin</b>		MI	Contribution ID # <b>0941</b>
Residential Street Address <b>290 Southfield Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>property management</b>		Name of Employer <b>Self-Copperline Property Management</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Rosario</b>		First <b>Juan</b>		MI	Contribution ID # <b>0942</b>
Residential Street Address <b>273 Daniels Farm Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>CISCO Network Administrator</b>		Name of Employer <b>Yale-New Haven Health</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Schellenberg</b>		First <b>Barbara</b>		MI <b>M</b>	Contribution ID # <b>0943</b>
Residential Street Address <b>38 Haviland Dr</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>Cohen and Wolf, P.C.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Petroccio</b>		First <b>William</b>		MI <b>M</b>	Contribution ID # <b>0936</b>
Residential Street Address <b>472 Stratfield Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Q&amp;R Associates LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Paniccia</b>		First <b>Livio</b>		MI <b>R</b>	Contribution ID # <b>0925</b>
Residential Street Address <b>130 Stanley Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>
Principal Occupation <b>Foreman</b>		Name of Employer <b>D &amp; P Construction</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Paniccia</b>		First <b>Americo</b>		MI <b></b>	Contribution ID # <b>0926</b>
Residential Street Address <b>29 Essex Ln</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Triana</b>		First <b>John</b>		MI <b></b>	Contribution ID # <b>0951</b>
Residential Street Address <b>2 Coer Rd .</b>		City <b>Prospect</b>		State <b>CT</b>	Zip Code <b>06712</b>
Principal Occupation <b>Real Estate</b>		Name of Employer <b>RWA</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Tripodi</b>		First <b>Frederick</b>		MI <b>A</b>	Contribution ID # <b>0952</b>
Residential Street Address <b>2 Sound View Ter</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>
Principal Occupation <b>Director of Music</b>		Name of Employer <b>Green's Farms Church</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Wainwright</b>		First <b>Mark</b>		MI	Contribution ID # <b>0953</b>
Residential Street Address <b>8501 Crown Pl</b>		City <b>Alexandria</b>		State <b>VA</b>	Zip Code <b>22308</b>
Principal Occupation <b>Partner</b>		Name of Employer <b>Excella Consulting</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pisani</b>		First <b>Kimberly</b>		MI	Contribution ID # <b>0938</b>
Residential Street Address <b>13 Broadmeadow Rd</b>		City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492</b>
Principal Occupation <b>Student</b>		Name of Employer <b>Quinnipiac university</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Poturnicki</b>		First <b>Mary</b>		MI <b>E</b>	Contribution ID # <b>0939</b>
Residential Street Address <b>78 Barnshed Ln</b>		City <b>Guilford</b>		State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

Last Name <b>Slezak</b>		First <b>John</b>		MI	Contribution ID # <b>0946</b>
Residential Street Address <b>50 Quality St # 226</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Law Enforcement</b>		Name of Employer <b>City of Merien</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name xia		First xing		MI	Contribution ID # 0964
Residential Street Address 6 Halsey Dr		City Old Greenwich		State CT	Zip Code 06870
Principal Occupation Engineer		Name of Employer RBS			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name xu		First hanping		MI	Contribution ID # 0965
Residential Street Address 21 Oakwood Rd		City Allendale		State NJ	Zip Code 07401
Principal Occupation real estate		Name of Employer Allendale Capital Partners			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name Xu		First Bing		MI	Contribution ID # 0966
Residential Street Address 12 Hen Hawk Ln		City Westport		State CT	Zip Code 06880
Principal Occupation Chartering Manager		Name of Employer Foremost Group			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Steczkowski		First Chris		MI E	Contribution ID # 0949
Residential Street Address 1095 Old Colony Rd # 12C		City Meriden		State CT	Zip Code 06451
Principal Occupation Electrical contractor		Name of Employer Self-City life electric inc			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Wang</b>		First <b>Hong</b>		MI	Contribution ID # <b>0955</b>
Residential Street Address <b>10 Brierwood Dr .</b>		City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>
Principal Occupation <b>Scientist</b>		Name of Employer <b>BI</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Wang</b>		First <b>Xiaowen</b>		MI	Contribution ID # <b>0956</b>
Residential Street Address <b>71 Lynam Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Quant analysit</b>		Name of Employer <b>HARP</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zamary, III</b>		First <b>George</b>		MI	Contribution ID # <b>0970</b>
Residential Street Address <b>120 Delldrive</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Zarella</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0971</b>
Residential Street Address <b>60 Sumner Ave</b>		City <b>Braintree</b>		State <b>MA</b>	Zip Code <b>02184</b>
Principal Occupation <b>Chief of Staff-State Senate</b>		Name of Employer <b>Commonwealth of Massachusetts</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name wang		First lingna		MI	Contribution ID # 0958
Residential Street Address 20 Meadow Brook Pl		City Cheshire		State CT	Zip Code 06410
Principal Occupation Director		Name of Employer Turtle & Hueghs			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$5.00	\$5.00

Last Name wang		First chunfu		MI	Contribution ID # 0959
Residential Street Address 419 Willow Well Ct		City Cheshire		State CT	Zip Code 06410
Principal Occupation Biologist		Name of Employer ViiV healthcare			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Zhao		First Li		MI	Contribution ID # 0974
Residential Street Address 179 Patridge Ln		City Fairfield		State CT	Zip Code 06824
Principal Occupation Software Engineer		Name of Employer Tangoe Inc.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Pasquino		First Joseph		MI M	Contribution ID # 0929
Residential Street Address 263 Strawberry Hill Ave # G3		City Stamford		State CT	Zip Code 06902
Principal Occupation Real Estate		Name of Employer Archway Realty Group, LLC			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Patrick</b>		First <b>David</b>		MI	Contribution ID # <b>0930</b>
Residential Street Address <b>37 Great Rd</b>		City <b>Barrington</b>		State <b>RI</b>	Zip Code <b>02806</b>
Principal Occupation <b>Construction Manager</b>		Name of Employer <b>Downes Construction Co.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Pavia</b>		First <b>Anthony</b>		MI	Contribution ID # <b>0931</b>
Residential Street Address <b>1675 Winding Oaks Way</b>		City <b>Naples</b>		State <b>FL</b>	Zip Code <b>34109</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Pavia</b>		First <b>Michelle</b>		MI <b>E</b>	Contribution ID # <b>0932</b>
Residential Street Address <b>907 Long Ridge Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>Whitby School</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Pavia</b>		First <b>Michael</b>		MI <b>A</b>	Contribution ID # <b>0933</b>
Residential Street Address <b>1392 Hope St</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907</b>
Principal Occupation <b>Real estate</b>		Name of Employer <b>Self-Pavia Associates, LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Perlin		First Nikki		MI	Contribution ID # 0934
Residential Street Address 48 Surrey Dr		City Wallingford		State CT	Zip Code 06492
Principal Occupation Teacher		Name of Employer North haven board of education			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$5.00	\$5.00

Last Name O'Keefe		First Sean		MI W	Contribution ID # 0921
Residential Street Address 56 Marlin Rd		City Sandy Hook		State CT	Zip Code 06482
Principal Occupation Business Administrator		Name of Employer Trumbull Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$50.00	\$50.00

Last Name NAGEL		First DANIEL		MI	Contribution ID # 0914
Residential Street Address 38 Haviland Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation ATTORNEY		Name of Employer COHENANDWOLF, P.C.			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

Last Name Napoli, Jr		First Richard		MI C	Contribution ID # 0915
Residential Street Address 44 Manwaring Rd		City Niantic		State CT	Zip Code 06357
Principal Occupation Director of Talent Management		Name of Employer LEARN			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 03/31/2017	Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Nelson</b>		First <b>Donald</b>		MI <b>E</b>	Contribution ID # <b>0916</b>
Residential Street Address <b>4200 N Highway A1A Apt 509</b>		City <b>Fort Pierce</b>		State <b>FL</b>	Zip Code <b>34949</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Moccia</b>		First <b>Richard</b>		MI <b></b>	Contribution ID # <b>0911</b>
Residential Street Address <b>2 Highcliff Ter</b>		City <b>Ridgefield</b>		State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Monaco</b>		First <b>Mark</b>		MI <b>J</b>	Contribution ID # <b>0912</b>
Residential Street Address <b>22 Lance Cir</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Auditor</b>		Name of Employer <b>BPA Worldwide</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Marottoli</b>		First <b>Ali</b>		MI <b></b>	Contribution ID # <b>0904</b>
Residential Street Address <b>31 Halls Point Rd</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Marottoli</b>		First <b>Lindsay</b>		MI	Contribution ID # <b>0905</b>
Residential Street Address <b>6 Partridge Ln</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Lurong Living</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marottoli</b>		First <b>Sal</b>		MI	Contribution ID # <b>0906</b>
Residential Street Address <b>31 Halls Point Rd</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>Self</b>		Name of Employer <b>Self-Oakwood development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marsilius</b>		First <b>Christian</b>		MI <b>B</b>	Contribution ID # <b>0907</b>
Residential Street Address <b>176 Pratt St</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Sales and Service</b>		Name of Employer <b>Moore Tool</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Marino</b>		First <b>Paula</b>		MI	Contribution ID # <b>0902</b>
Residential Street Address <b>470 S Wellwood Ave</b>		City <b>Lindenhurst</b>		State <b>NY</b>	Zip Code <b>11757</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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

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**B. Itemized Contributions from Individuals**

Last Name <b>haberlin</b>		First <b>william</b>		MI <b>s</b>	Contribution ID # <b>0875</b>
Residential Street Address <b>351 Shelton Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>technical staffing solutions</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$50.00</b>

  

Last Name <b>Greenberg</b>		First <b>Adam</b>		MI	Contribution ID # <b>0872</b>
Residential Street Address <b>6 Partridge Ln</b>		City <b>Branford</b>		State <b>CT</b>	Zip Code <b>06405</b>
Principal Occupation <b>business owner</b>		Name of Employer <b>Lurong living</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Gunther</b>		First <b>Frederick</b>		MI <b>W</b>	Contribution ID # <b>0873</b>
Residential Street Address <b>128 Fernwood Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Builder/Designer</b>		Name of Employer <b>Gunther Homes, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

  

Last Name <b>Finkeldey</b>		First <b>Drew</b>		MI	Contribution ID # <b>0861</b>
Residential Street Address <b>15 Cheney St</b>		City <b>Ivoryton</b>		State <b>CT</b>	Zip Code <b>06442</b>
Principal Occupation <b>Tree care professional</b>		Name of Employer <b>Self-Under the Bark llc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Fino</b>		First <b>Michael</b>		MI <b>A</b>	Contribution ID # <b>0862</b>
Residential Street Address <b>5 Hills Point Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Fino Vino LLC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$98.00</b>	<b>\$98.00</b>

Last Name <b>Flewellyn</b>		First <b>Joseph</b>		MI <b>CA</b>	Contribution ID # <b>0863</b>
Residential Street Address <b>2900 Park Newport</b>		City <b>Newport Beach</b>		State <b>CA</b>	Zip Code <b>92660</b>
Principal Occupation <b>Investment Banking</b>		Name of Employer <b>Zions Bancorporation</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gavern</b>		First <b>Jon</b>		MI <b>CT</b>	Contribution ID # <b>0866</b>
Residential Street Address <b>13 Hillston Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Builder</b>		Name of Employer <b>Self-Associated Development</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Gavern</b>		First <b>Tracy</b>		MI <b>CT</b>	Contribution ID # <b>0867</b>
Residential Street Address <b>13 Hillston Rd</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Sales</b>		Name of Employer <b>Really good stuff</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Giacobbe</b>		First <b>Ron</b>		MI	Contribution ID # <b>0868</b>
Residential Street Address <b>10 Solar Rdg</b>		City <b>Trumbull</b>		State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Contractor</b>		Name of Employer <b>Self-Src, llc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Giuliano</b>		First <b>Sebastian</b>		MI <b>N</b>	Contribution ID # <b>0869</b>
Residential Street Address <b>348 Maple Shade Rd</b>		City <b>Middletown</b>		State <b>CT</b>	Zip Code <b>06457</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Levy</b>		First <b>Leora</b>		MI <b>R</b>	Contribution ID # <b>0888</b>
Residential Street Address <b>59 Peckslan Rd</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Li</b>		First <b>Patrick</b>		MI	Contribution ID # <b>0889</b>
Residential Street Address <b>39 Glenbrook Rd Apt 4T</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>manager</b>		Name of Employer <b>coty</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>LIN</b>		First <b>JIAN FENG</b>		MI	Contribution ID # <b>0891</b>
Residential Street Address <b>16 Queens Peak</b>		City <b>Canton</b>		State <b>CT</b>	Zip Code <b>06019</b>
Principal Occupation <b>OWNER</b>		Name of Employer <b>SAKIMURA OF SIMSBURY INC</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Luo</b>		First <b>Ming</b>		MI	Contribution ID # <b>0895</b>
Residential Street Address <b>53 Seaside Ave Unit 5</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Director, Internal Auditor</b>		Name of Employer <b>Providence Services Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Ma</b>		First <b>Siying</b>		MI	Contribution ID # <b>0896</b>
Residential Street Address <b>97 Fairway Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>King school</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Ma</b>		First <b>Helen (Shihan)</b>		MI	Contribution ID # <b>0897</b>
Residential Street Address <b>27 High Noon</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883</b>
Principal Occupation <b>Risk Analyst</b>		Name of Employer <b>TD Bank</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Herbst Biondi</b>		First <b>June</b>		MI	Contribution ID # <b>0878</b>
Residential Street Address <b>703 S Main St</b>		City <b>Seymour</b>		State <b>CT</b>	Zip Code <b>06483</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Jiang</b>		First <b>Meng</b>		MI	Contribution ID # <b>0879</b>
Residential Street Address <b>326 Cognewaugh Rd .</b>		City <b>Cos Cob</b>		State <b>CT</b>	Zip Code <b>06807</b>
Principal Occupation <b>Senior Program Analyst</b>		Name of Employer <b>Amalgamated Life Insurance Inc.</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

Last Name <b>Kelly</b>		First <b>Jim</b>		MI	Contribution ID # <b>0880</b>
Residential Street Address <b>321 Alma Dr</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Realtor</b>		Name of Employer <b>William Raveis Real Estate</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Kokenos</b>		First <b>Lara</b>		MI	Contribution ID # <b>0881</b>
Residential Street Address <b>41 Bartling Dr</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Physicians Assistant</b>		Name of Employer <b>North East Medical Group</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name <b>Kokenos</b>		First <b>Peter</b>		MI	Contribution ID # <b>0882</b>
Residential Street Address <b>41 Bartling Dr</b>		City <b>Easton</b>		State <b>CT</b>	Zip Code <b>06612</b>
Principal Occupation <b>Owner</b>		Name of Employer <b>Valley Diner</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Krill</b>		First <b>Andrew</b>		MI	Contribution ID # <b>0883</b>
Residential Street Address <b>150 Southfield Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>retired</b>		Name of Employer <b>retired</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Lanese</b>		First <b>Thomas</b>		MI <b>J</b>	Contribution ID # <b>0884</b>
Residential Street Address <b>138 Northwood Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>
Principal Occupation <b>Construction Management</b>		Name of Employer <b>Lanese Construction, Inc</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Laucella</b>		First <b>Joseph</b>		MI	Contribution ID # <b>0885</b>
Residential Street Address <b>91 Willoughby Rd</b>		City <b>Shelton</b>		State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>EMS</b>		Name of Employer <b>Town of Trumbull</b>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received <b>03/31/2017</b>	Aggregate Contributions <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
Tim for Connecticut 2018	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Lee	First Youlan	MI	Contribution ID # 0886
Residential Street Address 4 Towne House Rd	City Hamden	State CT	Zip Code 06514
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$80.00

**Total of Section B** **\$83,444.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) (Total on Line 14, Column A of Summary Page) **\$83,444.00****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	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? Yes No If yes, list Event #	
City	State	Zip Code	Amount of Contribution
		Date Received	Aggregate Contributions

**Total of Section C1**

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

NAME OF COMMITTEE				TYPE OF REPORT	
Tim for Connecticut 2018				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 Reimbursement for shared expense 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	
Tim for Connecticut 2018				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)					Amount Received
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Tim for Connecticut 2018	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
Tim for Connecticut 2018	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
Tim for Connecticut 2018	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 Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		
<b>Total of Section H</b>			



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

NAME OF COMMITTEE

Tim for Connecticut 2018

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	
Tim for Connecticut 2018				April 10 Filing - Original	

  

### J1. Event Information

<b>Event #</b> Date of Event 02/13/2017	<b>Letter</b> A	<b>Description</b> Luncheon Event	<b>Was this a fundraising event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location: Street Address</b> 51 Monroe Tnpk		<b>City</b> Trumbull	<b>State</b> CT	<b>Zip Code</b> 06611
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> 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.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>	

  

<b>Event #</b> Date of Event 03/02/2017	<b>Letter</b> A	<b>Description</b> Dinner Event	<b>Was this a fundraising event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location: Street Address</b> 2500 Park Ave		<b>City</b> Bridgeport	<b>State</b> CT	<b>Zip Code</b>
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> 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.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>	

  

<b>Event #</b> Date of Event 03/09/2017	<b>Letter</b> A	<b>Description</b> Reception Event	<b>Was this a fundraising event?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Location: Street Address</b> 386 Peddlers Rd		<b>City</b> Guilford	<b>State</b> CT	<b>Zip Code</b> 06437
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> 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.) <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	
Tim for Connecticut 2018				April 10 Filing - Original	

  

J1. Event Information					
Event # Date of Event 03/16/2017	Letter A	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 540 Hoyt St		City Darien	State CT	Zip Code 06820	
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: 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 # Date of Event 03/20/2017	Letter A	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 944 Cromwell Ave		City Rocky Hill	State CT	Zip Code 06067	
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: 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 # Date of Event 03/22/2017	Letter A	Description Dinner Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 128 Old Post Rd		City Clinton	State CT	Zip Code 06413	
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: 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	
Tim for Connecticut 2018				April 10 Filing - Original	

  

J1. Event Information					
Event # Date of Event 03/24/2017	Letter A	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 262 Boston Post Rd		City Waterford	State CT	Zip Code 06385	
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: 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 # Date of Event 03/25/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 30 Old Kings Hwy S		City Darien	State CT	Zip Code 06820	
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: 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 # Date of Event 03/29/2017	Letter A	Description Reception Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 128 Old Post Rd		City Clinton	State CT	Zip Code	
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: 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

<b>Total of Section J1</b>	<b>\$0.00</b>
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### II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor				
Street Address		City	State	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>	
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### II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

Name of Host		Is this event supporting more than one candidate?		
John & Paige Slocum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, complete Itemization in Addendum J4		
Street Address		City	State	Zip Code
386 Peddlers Rd		Guilford	CT	
Description of Donation			Fair Market Value of Donation	
Catering, Bartender				
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		
03092017A	\$693.78	\$693.78	\$693.78	

<b>Total of Section J4</b>	<b>\$693.78</b>
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### III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

#### K. In-Kind Contributions

Name Yang Lin				
Street Address 17 Woodside Dr		City Woodbridge	State CT	Zip Code 06525
Is this contribution associated with an event reported in Section JI? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>02132017A</u>		Description of In-Kind Contribution  Luncheon		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution  \$274.94
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received 02/13/2017  Aggregate contributions \$374.94		

Name Yang Bo				
Street Address 109 Brookside Dr		City Fairfield	State CT	Zip Code 06824
Is this contribution associated with an event reported in Section JI? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03252017A</u>		Description of In-Kind Contribution  food, beverages		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution  \$212.73
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received 03/31/2017  Aggregate contributions \$312.73		

Total of Section K

**\$487.67**

### III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>L. Refundable Deposit to Telephone Company</b>	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			Amount of Deposit
Street Address	City	State	
<b>Total of Section L</b>			

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 01/19/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$173.48
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Loretta Chory		Date of Payment 01/25/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>0091</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Dale Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend RMB	Description Reimburse volunteer expenses			Amount  \$53.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Susan Cole		Date of Payment 01/25/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>0092</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Coral Dr		City Shelton	State CT	Zip Code 06484
Purpose of Expend WAGE	Description Data input			Amount  \$195.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 01/26/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$124.96
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Harris Media, LLC		Date of Payment 01/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>0093</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2131 Theo Dr		City Austin	State TX	Zip Code 78723
Purpose of Expend WEB	Description Web Design & Development			Amount  \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Harris Media, LLC		Date of Payment 01/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>0093</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2131 Theo Dr		City Austin	State TX	Zip Code 78723
Purpose of Expend A-WEB	Description Video Production, Branding			Amount  \$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 02/01/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$215.09
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Allegra Print Design Marketing		Date of Payment 02/03/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1000 Bridgeport Ave		City Shelton	State CT	Zip Code 06484
Purpose of Expend PRNT	Description Donor Certification Forms			Amount  \$68.06
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Waterford RTC		Date of Payment 02/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 671		City Waterford	State CT	Zip Code 06385
Purpose of Expend CNTRB	Description Lincoln Day Dinner			Amount  \$45.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee CCDL		Date of Payment 02/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 642		City Groton	State CT	Zip Code 06340
Purpose of Expend CHAR	Description Anniversary Dinner			Amount  \$57.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Norwich RTC		Date of Payment 02/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1005</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO 1165		City Norwich	State CT	Zip Code 06360
Purpose of Expend CNTRB	Description Spring Forward Dinner			Amount  \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Premier Graphics, LLC		Date of Payment 02/07/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1006</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend POST	Description Donation letter			Amount  \$747.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 02/08/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$43.57
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Post Office, Trumbull		Date of Payment 02/10/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Quality St		City Trumbull	State CT	Zip Code 06611
Purpose of Expend POST	Description stamps			Amount  \$9.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Kent GOP		Date of Payment 02/12/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 15		City Kent	State CT	Zip Code 06757
Purpose of Expend CNTRB	Description Lincoln Day Dinner			Amount  \$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kent GOP		Date of Payment 02/12/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1008</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 15		City Kent	State CT	Zip Code 06757
Purpose of Expend CNTRB	Description Lincoln Day Dinner			Amount  \$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Jordanne Anderson		Date of Payment 02/12/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1009</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Doble St Unit 2		City Quincy	State MA	Zip Code 02169
Purpose of Expend CNSLT	Description Finance Consultant			Amount  \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Prime 111		Date of Payment 02/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Monroe Tnpk		City Trumbull	State CT	Zip Code 06611
Purpose of Expend FNDR *	Description Lunch			Amount  \$25.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 02132017A	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jon Conradi		Date of Payment 02/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1010</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 360 H St NE Apt 204		City Washington	State DC	Zip Code 20002
Purpose of Expend CNSLT	Description General campaign consultant			Amount   \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 02/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount   \$33.91
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Jordanne Anderson		Date of Payment 02/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1012</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Doble St Unit 2		City Quincy	State MA	Zip Code 02169
Purpose of Expend CNSLT	Description Finance Consultant			Amount   \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Premier Graphics, LLC		Date of Payment 02/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1013</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend PRNT	Description thank you note cards, envelopes			Amount   \$1,382.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Premier Graphics, LLC		Date of Payment 02/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1014</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend A-DM	Description Donation letter			Amount   \$1,155.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Loretta Chory		Date of Payment 02/17/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1015</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Dale Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Treasurer			Amount   \$750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Staples.com		Date of Payment 02/18/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702
Purpose of Expend EFV *	Description Printer, Ink Cartridge			Amount  \$198.85
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Premier Graphics, LLC		Date of Payment 02/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1016</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend POST	Description mail invitations			Amount  \$225.86
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03022017A	
Name of Payee Anedot		Date of Payment 02/23/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$40.74
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot		Date of Payment 03/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$86.66
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Premier Graphics, LLC		Date of Payment 03/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1017</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend FNDR *	Description Printing invitations			Amount  \$510.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03022017A	

Name of Payee Premier Graphics, LLC		Date of Payment 03/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1018</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend FNDR *	Description postage, invitation			Amount  \$101.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03202017A	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Premier Graphics, LLC		Date of Payment 03/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1019</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend FNDR *	Description postage, invitation			Amount  \$99.82
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03222017A	

Name of Payee Premier Graphics, LLC		Date of Payment 03/02/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1020</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend FNDR *	Description postage, invitation			Amount  \$336.66
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee AGG Services		Date of Payment 03/04/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1021</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 146 Lynncrest Dr		City Stratford	State CT	Zip Code 06614
Purpose of Expend FNDR *	Description catering event			Amount  \$6,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03022017A	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Staples		Date of Payment 03/04/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Armstrong Dr		City Shelton	State CT	Zip Code 06484
Purpose of Expend PRNT	Description copying donor forms			Amount  \$3.74
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Staples		Date of Payment 03/04/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3 Armstrong Dr		City Shelton	State CT	Zip Code 06484
Purpose of Expend OFFICE	Description Ink Cartridge, white paper			Amount  \$149.89
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Allegra Print Design Marketing		Date of Payment 03/05/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1000 Bridgeport Ave		City Shelton	State CT	Zip Code 06484
Purpose of Expend PRNT	Description Donor Certification Forms			Amount  \$162.72
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Enfield RTC		Date of Payment 03/05/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Meadow Rd		City Enfield	State CT	Zip Code 06096
Purpose of Expend CNTRB	Description Lincoln Day Dinner			Amount  \$35.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/08/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$151.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Campaign Headquarters		Date of Payment 03/08/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 E Pleasant St		City Brooklyn	State IA	Zip Code 52211
Purpose of Expend A-ATM	Description Robo Call, fundraising event			Amount  \$116.75
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03222017A	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Post Office, Bridgeport		Date of Payment 03/09/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2253 Fairfield Ave		City Bridgeport	State CT	Zip Code 06605-9998
Purpose of Expend POST	Description stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$98.00

  

Name of Payee Jon Conradi		Date of Payment 03/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>6B796WPZ</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 360 H St NE Apt 204		City Washington	State DC	Zip Code 20002
Purpose of Expend CNSLT	Description General campaign consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,500.00

  

Name of Payee Jordanne Anderson		Date of Payment 03/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>QB796WPZ</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Doble St Unit 2		City Quincy	State MA	Zip Code 02169
Purpose of Expend CNSLT	Description Finance Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,000.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Loretta Chory		Date of Payment 03/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>UB796WPZ</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Dale Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Treasurer			Amount  \$750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Premier Graphics, LLC		Date of Payment 03/11/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1024</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend POST	Description Donation letter, mailing			Amount  \$794.35
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Premier Graphics, LLC		Date of Payment 03/11/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend PRNT	Description Donor Certification Forms			Amount  \$245.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Premier Graphics, LLC		Date of Payment 03/11/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1026</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend PRNT	Description Printing invitations			Amount  \$740.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$62.34
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/22/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$135.78
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Susan Cole		Date of Payment 03/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Coral Dr		City Shelton	State CT	Zip Code 06484
Purpose of Expend WAGE	Description Making copies			Amount  \$37.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Premier Graphics, LLC		Date of Payment 03/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend PRNT	Description Printing letter for mailing			Amount  \$1,158.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Timothy M Herbst		Date of Payment 03/22/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Fairview Ave		City Trumbull	State CT	Zip Code 06611
Purpose of Expend RMB	Description Reimburse candidate for expenses incurred			Amount  \$800.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Staples		Date of Payment 03/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06432
Purpose of Expend OFFICE	Description Ink Cartridge			Amount  \$33.26
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Bloomfield RTC		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 7142		City Bloomfield	State CT	Zip Code 06002
Purpose of Expend CNTRB	Description Lincoln Day Dinner			Amount  \$45.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Right Country Lists		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 N Saint Asaph St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend Misc *	Description Email rental list			Amount  \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Loretta Chory		Date of Payment 03/29/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Dale Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend TRVL	Description Mileage reimbursement			Amount  \$87.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 03/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend WEB	Description online donation processing fee			Amount  \$319.16
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Clinton Country Club		Date of Payment 03/29/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Old Westbrook Rd		City Clinton	State CT	Zip Code 06413
Purpose of Expend FNDR *	Description Food at event			Amount  \$525.07
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03292017A	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Thomas Daly		Date of Payment 03/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Appletree Ln		City North Haven	State CT	Zip Code 06473
Purpose of Expend RMB	Description Reimburse volunteer expenses			Amount  \$310.74
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Woodway Country Club		Date of Payment 03/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Hoyt St		City Darien	State CT	Zip Code 06820
Purpose of Expend FNDR *	Description Food, event setup cost			Amount  \$922.59
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 03162017A	

Name of Payee Peoples United Bank		Date of Payment 03/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend BNK	Description Misc Fees (Rtrn Dep Item)			Amount  \$15.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Bill Chin		Date of Payment 03/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 333 Christian St		City Waterford	State CT	Zip Code 06492
Purpose of Expend CNSLT	Description Website Launch, Printer Setup			Amount  \$125.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
<b>Total of Section N</b>				<b>\$33,611.05</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Tim for Connecticut 2018		April 10 Filing - Original		
<b>O. Expenses Paid By Candidate</b>				
Name of Payee (Name of vendor who candidate paid directly) Denovellis Family Restaur		Date of Payment 03/20/2017	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 944 Cromwell Ave		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure (by code) FNDR *	Description Food at reception		Event # 03202017A	Amount  \$800.00
<b>Total of Section O</b>				<b>\$800.00</b>

<b>IV. EXPENDITURES (Sections N - S)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Tim for Connecticut 2018				April 10 Filing - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> Other		
Name of Vendor				Date of Transaction	
Street Address			City		State      Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
<b>Total of Section P</b>					

<b>IV. EXPENDITURES (Sections N - S)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Tim for Connecticut 2018				April 10 Filing - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City		State      Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
<b>Total of Section Q</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	April 10 Filing - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant  Chory	First  Loretta	MI  J	Date of Payment to Vendor  01/25/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 0091 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Post Office				
Street Address of Vendor 50 Quality St		City Trumbull		State CT Zip Code 06611
Purpose of Expenditure (by code) OVHD	Description Post Office Box Rental Fee			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$53.00

Last Name of Worker/Consultant  Daly	First  Tom	MI	Date of Payment to Vendor  02/18/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant CCDL				
Street Address of Vendor PO Box 642		City Groton		State CT Zip Code 06340
Purpose of Expenditure (by code) CHAR	Description Annual Dinner			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$57.50

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Tim for Connecticut 2018

April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  Daly	First  Tom	MI	Date of Payment to Vendor  02/22/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Wolcott RTC				
Street Address of Vendor PO Box 6048		City Wolcott	State CT	Zip Code 06716
Purpose of Expenditure (by code) CNTRB	Description Lincoln Reagan Dinner			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$80.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant  Daly	First  Tom	MI	Date of Payment to Vendor  03/17/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Enfield RTC				
Street Address of Vendor 7 Meadow Rd		City Enfield	State CT	Zip Code 06096
Purpose of Expenditure (by code) CNTRB	Description Lincoln Day Dinner			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$35.00
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
Tim for Connecticut 2018	April 10 Filing - Original

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant  Daly	First  Tom	MI	Date of Payment to Vendor  03/31/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Tom Daly				
Street Address of Vendor 35 Appletree Ln		City North Haven	State CT	Zip Code 06473
Purpose of Expenditure (by code) TRVL	Description Mileage reimbursement			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount  \$138.24
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				<b>\$363.74</b>

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	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				
<b>Total of Section S</b>				



### Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

### Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
<b>Expenditure #</b>	<b>Amount of Expenditure</b>
Name of Candidate	Office Sought

### Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
<b>Expenditure #</b>	<b>Amount of Expenditure</b>
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
<b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
<b>R. Itemization of Reimbursements and Secondary Payees - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought